

AD-A085 687

TECHNOMICS INC OAKTON VA

A SYSTEM APPROACH TO NAVY MEDICAL EDUCATION AND TRAINING. APPEN--ETC(U)

AUG 74

N00014-69-C-0246

NL

UNCLASSIFIED

(U)

AD-A085 687

1

END  
DATE  
FILMED  
7-80  
DTIC



ACA085687

4085-16

LEVEL

APPENDIX 11.

ADVANCED GENERAL DUTY CORPSMAN

1

DTIC  
ELECTE  
JUN 19 1980  
S D C

DDC FILE COPY

This document has been approved  
for public release and sale; its  
distribution is unlimited.



P

APPENDIX 11.

ADVANCED GENERAL DUTY CORPSMAN

DTIC  
ELECTE  
JUN 19 1980  
S D C

APPLICATION OF A SYSTEM APPROACH  
U.S. NAVY MEDICAL DEPARTMENT  
EDUCATION AND TRAINING PROGRAMS  
FINAL REPORT

Prepared under Contract to  
OFFICE OF NAVAL RESEARCH  
U.S. DEPARTMENT OF THE NAVY

Quida C. Upchurch, Capt., NC, USN  
Program Manager  
Education and Training R&D  
Bureau of Medicine and Surgery (Code 71G)

This document has been approved  
for public release and sale; its  
distribution is unlimited.



UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER Final Report (Vols. I & II) Appendix: 1-48 11	2. GOVT ACCESSION NO. AD-A085 687	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) A System Approach to Navy Medical Education and Training • Appendix 11		5. TYPE OF REPORT & PERIOD COVERED FINAL REPORT
7. AUTHOR(s) [Redacted]		6. PERFORMING ORG. REPORT NUMBER
		8. CONTRACT OR GRANT NUMBER(s) N00014-69-C-0246
9. PERFORMING ORGANIZATION NAME AND ADDRESS Office of Naval Research Department of the Navy Arlington, Virginia 22217		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS 43-03X.02
11. CONTROLLING OFFICE NAME AND ADDRESS Office of Naval Research Department of the Navy Arlington, Virginia 22217		12. REPORT DATE 31-5-74
		13. NUMBER OF PAGES
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office) Office of Naval Research Department of the Navy Arlington, Virginia 22217		15. SECURITY CLASS. (of this report) UNCLASSIFIED
		15a. DECLASSIFICATION/DOWNGRADING SCHEDULE
16. DISTRIBUTION STATEMENT (of this Report) Approved for public release; distribution unlimited.		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report) Approved for public release; distribution unlimited.		
18. SUPPLEMENTARY NOTES None		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number) Education and Training      Medical Technician Medical Training      Job Analysis Nurse Training      Task Analysis Dentist Training      Curriculum Development		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The study objective consisted of a determination of what the health care personnel in the Navy's Medical Department, Bureau of Medicine and Surgery actually do in their occupations; improving the personnel process (education and training); and building a viable career pathway for all health care personnel. Clearly the first task was to develop a system of job analyses applicable to all system wide health care manpower tasks. A means of postulating simplified occupational clusters covering some 50		

DD FORM 1 JAN 73 1473

EDITION OF 1 NOV 65 IS OBSOLETE  
S/N 0102-014-6601UNCLASSIFIED  
SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

387 930



UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE(When Data Entered)

currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.

Accession For	
Initial G. & I.	<input checked="checked" type="checkbox"/>
Final IIR	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By _____	
Distribution/	
Availability Codes	
Dist	Avail and/or special
A	

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE(When Data Entered)



## FOREWORD

The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

### The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "...expressed in behavioristic terms..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed need. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility tests and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "...precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.



### Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

### Job Analysis Sub-System

Some twenty task inventory booklets (and associated response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be re-applied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority or all members of small sub-populations were sought.



Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

### Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.



Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-instruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for self-instruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.



### The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in The Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system updating, instructional sub-system completion, and full system test and evaluation.

### Acknowledgements

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Munday, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.



NAVY MEDICAL DEPARTMENT

TASK INVENTORY BOOKLET

ADVANCED GENERAL DUTY CORPSMAN



## CONSTRAINTS AND ETHICAL USE

This task inventory was developed three years ago in a first-version key punch format for education and training research purposes.

The present "operational" format, using a mark-sense response booklet (Opscan), is recommended for future applications. The task and equipment statements comprising the bulk of the inventory are precisely the same (less duplicate entries) as in the original research tools but rearranged for Opscan mode. Biographical data questions have also been reformatted for Opscan (NEC codes should be updated).

The processing, administering and formatting of this inventory have thus been readied for operational application.

It is strongly recommended that this inventory be updated in its task and equipment statement sections before actual operational use. These reasons pertain:

- Changes in medical or related procedures or techniques
- Some tasks may violate current policy or be obsolete
- Equipment changes may have occurred
- The objective of task comprehensiveness may change
- Objectives may shift to embrace manpower utilization as well as education and training

In the latter regard, the present operational format includes a "time to perform" dimension (as well as frequency of performance and two additional optional blank response dimension fields). As a response dimension, "time to perform" has been validated within the context of inventories for professional personnel where the objectives embraced utilization (i.e., time associated with shared and delegable tasks). The original Enlisted inventory content was directed to education and training factors only. If "time to perform" is to be used operationally, each task and equipment statement should be examined by expert job incumbents to remove possible overlaps which could confound "time to perform" data. This review process would also serve other purposes cited above.

A general precaution is in order.

When task analysis inventories are poorly prepared, loosely administered, administered according to less than rigorous sampling, or are handled casually in processing or interpretation, they will inevitably produce poor or questionable data, at best. At worst, such practices will result in loss of money and time, and produce dangerous data. Inventories should be prepared, applied, processed and interpreted only by knowledgeable professional and technical personnel. As in the cases of ethically controlled behavior tests, inventories should not be casually copied or distributed, and should remain under the control of authorized, trained personnel. Factors effecting reliability and validity should be fully appreciated.



## GENERAL INSTRUCTIONS

There are two parts to be completed for this survey:

- Part I            Career Background Information  
                  (answers to be recorded in this  
                  TASK BOOKLET)
  
- Part II A        List of Tasks (answers to be  
                  recorded on the accompanying  
                  RESPONSE BOOKLET)
  
- B    List of Instruments and  
                          Equipment (answers to be  
                          recorded on the accompanying  
                          RESPONSE BOOKLET)

Each part is preceded by a set of instructions. Be sure to read them carefully before you start answering each part. All instructions are found on the tinted pages.

PLEASE USE ONLY NUMBER 2 LEAD PENCILS. ERASE ALL CHANGES CAREFULLY AND COMPLETELY. DO NOT PUT ANY MARKS OTHER THAN YOUR ANSWERS ON EACH RESPONSE PAGE.

DO NOT FOLD, WRINKLE, CREASE OR DETACH PAGES FROM EITHER TASK BOOKLET OR RESPONSE BOOKLET.

WHEN RECORDING YOUR ANSWERS YOU MAY WANT TO USE A RULER TO READ ACROSS ANSWER AND QUESTION COLUMNS.

WHEN YOU HAVE COMPLETED YOUR RESPONSES, PUT THE TASK INVENTORY BOOKLET AND THE RESPONSE BOOKLET IN THE ENCLOSED SELF-ADDRESSED ENVELOPE. SEAL AND RETURN TO THE OFFICER WHO GAVE YOU THIS PACKAGE. COMPLETED BOOKLETS SHOULD BE RETURNED WITHIN ONE WEEK OF RECEIPT.



Part I

CAREER BACKGROUND INFORMATION

Check that the Form and Serial Number in this box match those on the cover of this Booklet

Please fill out completely

Name of your Duty Station \_\_\_\_\_

City & State (if applicable) \_\_\_\_\_

Your Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

DO NOT FILL IN

N  
Form Serial No.

(1)

(7)

(14)

PLEASE ANSWER QUESTIONS BELOW BY ENTERING THE PROPER NUMBER IN THE BLANKS PROVIDED. TWO BLANKS REQUIRE A TWO-DIGIT ANSWER. DISREGARD NUMBERS IN PARENTHESIS.

ENTER  
ANSWERS  
HERE

Q1. Select the number to indicate the Corps to which you belong:

1. Dental Technician
2. Hospital Corps

Q1.\_\_\_\_ (23)

Q2. Indicate your military status:

1. USN
2. USNR

Q2.\_\_\_\_ (24)

Q3. Indicate your pay grade:

1. E1
2. E2
3. E3
4. E4
5. E5
6. E6
7. E7
8. E8
9. E9

Q3.\_\_\_\_ (25)

Q4. Indicate your total years of active duty in the Navy to date: (estimate to the nearest year)

1. Less than 2 years
2. 2 to 4 years
3. 5 to 8 years
4. More than 8 years

Q4.\_\_\_\_ (26)



Q5. Select the number to indicate your present immediate supervisor:

1. Physician
2. Dentist
3. Nurse
4. MSC Officer
5. HM or DT
6. Other (Specify) \_\_\_\_\_

Q6. Select the number to indicate the average number of hours you work per week: (estimate to the nearest hour)

1. 35 to 40 hours
2. 41 to 50 hours
3. More than 50 hours

Q7. Please give an estimate of the percent of time you spend on the following (write five percent as 05):

1. Inpatient care
2. Outpatient care
3. Teaching
4. Administration
5. Other (specify) \_\_\_\_\_

Q8. Assuming that most or all of the following factors are of importance to you, select the three which, if improved, would contribute most to your job satisfaction:

- 01 Salary and/or promotion opportunities
- 02 Retirement benefits
- 03 Housing
- 04 Educational advancement opportunities
- 05 Stability of tour of duty
- 06 Physical facilities and equipment
- 07 Administrative and clerical support
- 08 Work load
- 09 Personal career planning
- 10 Opportunity to attend professional meetings

ENTER  
ANSWERS  
HERE

Q5.\_\_\_\_ (27)

Q6.\_\_\_\_ (28)

Q7.

1.\_\_\_\_\_% (29)

2.\_\_\_\_\_% (31)

3.\_\_\_\_\_% (33)

4.\_\_\_\_\_% (35)

5.\_\_\_\_\_% (37)

Q8.\_\_\_\_ (39)

\_\_\_\_ (41)

\_\_\_\_ (43)



- |  | ENTER<br>ANSWERS<br>HERE |              |
|--|--------------------------|--------------|
| Q9. Using the list on page <u>vii</u> specify your current NEC by writing the <u>last two digits</u> of the CODE.  | Q9. __ __                | (45)         |
| Q10. Select the number to indicate your years of experience corresponding to the NEC stated in Q9: (estimate to the nearest year)  | Q10. __ __               | (47)         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           1. Less than 1 year<br/>           2. 1 to 2 years<br/>           3. 3 to 5 years         </div> <div style="width: 45%;">           4. 6 to 10 years<br/>           5. 11 to 15 years<br/>           6. More than 15 years         </div> </div> |                          |              |
| Q11. If you have other NEC(s) in addition to the one specified in Q9, check page <u>vii</u> and indicate the last two digits of the CODE(s). If you have none, enter "99" in answer space for <u>Q11</u> and <u>Q12</u> .  | Q11a. __ __<br>b. __ __  | (48)<br>(50) |
| Q12. Select the number to indicate the years of experience you had in the NEC(s) stated in Q11 (estimate to the nearest year).   | Q12a. __ __<br>b. __ __  | (52)<br>(53) |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           1. Less than 1 year<br/>           2. 1 to 2 years<br/>           3. 3 to 5 years         </div> <div style="width: 45%;">           4. 6 to 10 years<br/>           5. 11 to 15 years<br/>           6. More than 15 years         </div> </div> |                          |              |
| Q13. From the list below, write the <u>two-digit</u> CODE to indicate the specialty of the department in which you are <u>currently</u> functioning.   | Q13. __ __               | (54)         |

CODE

- |                          |                    |
|--------------------------|--------------------|
| 01 Administration        | 18 Urology         |
| 02 Education             | 19 Intensive Care  |
| 03 Anesthesiology        | 20 Operating Room  |
| 04 Coronary Care         | 21 Emergency Room  |
| 05 Dermatology           | 00 Other (specify) |
| 06 Medicine - OPD        |                    |
| 07 Medicine - Wards      |                    |
| 08 Obstetrics/Gynecology |                    |
| 09 Ophthalmology         |                    |
| 10 Orthopedics           |                    |
| 11 Otolaryngology        |                    |
| 12 Medical Laboratory    |                    |
| 13 Pediatrics            |                    |
| 14 Psychiatry            |                    |
| 15 Public Health         |                    |
| 16 Radiology             |                    |
| 17 General Surgery-Wards |                    |



ENTER  
ANSWER  
HERE

Q14. Select the number to indicate the type of duty station at which you currently work, and have been working for at least 30 days:

Q14.\_\_\_\_ (56)

1. Hospital
2. Dispensary
3. Aboard ship/sub, no M.O. (or D.O.) aboard
4. Aboard ship/sub, M.O. (or D.O.) aboard
5. Aviation squadron/wing, Navy or Marine
6. Marine ground forces
7. Administrative Commands
8. Research Commands or PMUs
9. Dental Clinic
0. Other \_\_\_\_\_

Q15. Indicate the number of people you normally supervise:

Q15.\_\_\_\_ (57)

- |         |            |
|---------|------------|
| 0. None | 3. 6-10    |
| 1. 1-2  | 4. 11-20   |
| 2. 3-5  | 5. over 20 |



MEDICAL/DENTAL NEC (NAVAL ENLISTED CODE) AND TITLE

0000 General Service, Hospital or Dental Corpsman  
3371 Health Physics & Process Control Technician  
3391 Nuclear Power Plant Operator  
8402 Nuclear Submarine Medicine Technician  
8403 Submarine Medicine Technician  
8404 Medical Field Service Technician  
8405 Advanced Hospital Corps Technician (Class B)  
8406 Aviation Medicine Technician  
8407 Nuclear Medicine Technician  
8408 Cardiopulmonary Technician  
8409 Aviation Physiology Technician  
8412 Clinical Laboratory Assistant Technician  
8413 Tissue Culture Technician  
8414 Clinical Chemistry Technician  
8415 Medical Technology Technician  
8416 Radioactive Isotope Technician  
8417 Clinical Laboratory Technician  
8432 Preventive Medicine Technician  
8433 Tissue Culture and Tissue Bank Technician  
8442 Medical Administrative Technician  
8452 X-ray Technician  
8453 Electrocardiograph/Basal Metabolism Technician  
8454 Electroencephalograph Technician  
8462 Optician (General) Technician  
8463 Optician Technician  
8466 Physical and Occupational Technician  
8472 Medical Photography Technician  
8482 Pharmacy Technician  
8483 Operating Room Technician  
8484 Eye, Ear, Nose, & Throat Technician  
8485 Neuropsychiatry Technician  
8486 Urological Technician  
8487 Occupational Therapy Technician  
8488 Orthopedic Appliance Mechanic  
8489 Orthopedic Cast Room Technician  
8492 Special Operations Technician  
8493 Medical Deep Sea Diving Technician  
8494 Physical Therapy Technician  
8495 Dermatology Technician  
8496 Embalming Technician  
8497 Medical Illustration Technician  
8498 Medical Equipment Repair Technician  
8703 DT General, Advanced  
8707 DT Field Service  
8713 DT Clinical Laboratory  
8714 DT Research Assistant  
8722 DT Administrative  
8732 DT Repair  
8752 DT Prosthetic, Basic  
8753 DT Prosthetic, Advanced  
8765 DT Maxillofacial Prosthetic



## RESPONSE BOOKLET INSTRUCTIONS

- To complete Part II, you need this TASK BOOKLET and the accompanying RESPONSE BOOKLET. Record all your answers to Part II in the RESPONSE BOOKLET.
- All pages of the RESPONSE BOOKLET are machine readable. In order for responses to be properly read, please be sure to:
  1. Use a No. 2 pencil only
  2. Carefully and completely shade the number corresponding to your answer under each column.
- Complete Page 00 of the RESPONSE BOOKLET first. Follow instructions given on the page. Fill in Line 1, and Boxes 2, 3, 4, and 5. Ignore all other boxes. BE SURE TO ENTER YOUR SOCIAL SECURITY NUMBER (WRITE DOWNWARD) IN THE BLANK SPACES IN BOX 3: then darkly shade the corresponding number on each line. An example of a completed Page 00 is shown on the next page (the handwritten notes in this example are for clarification only. Please do not make similar notes on your RESPONSE BOOKLET.)
- After completing Page 00, carefully read and follow instructions given on pages x through xiv.
- PLEASE HANDLE YOUR RESPONSE BOOKLET CAREFULLY. KEEP IT CLEAN AND AWAY FROM CHEMICALS. DO NOT DETACH, FOLD, WRINKLE OR CROSS OUT ANY PAGE.



DO NOT MARK IN THESE BOXES	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	<b>RESPONSE BOOKLET</b>			
	Serial No. <b>0233</b>			

my name is

1 NAME Mary Smith*Ignore these boxes***INSTRUCTIONS**

1. Use No. 2 pencil ONLY.
2. Indicate responses with solid black mark in space provided.
3. Erase COMPLETELY all changes.
4. Do not detach forms from packet.
5. Answer questions 2 through 5 below.
6. See Task Statement Booklet for further instructions for completing boxes to the right.

Today is June 4, 1972  
 June = 06  
 4 = 04  
 1972 = 72

2 TODAY'S DATE	MONTH	0 1 2 3 4 5 6 7 8 9
	DAY	0 1 2 3 4 5 6 7 8 9
	YEAR	0 1 2 3 4 5 6 7 8 9
	YEAR	0 1 2 3 4 5 6 7 8 9

3 SOCIAL SECURITY NUMBER

3	0 1 2 3 4 5 6 7 8 9
0	0 1 2 3 4 5 6 7 8 9
4	0 1 2 3 4 5 6 7 8 9
2	0 1 2 3 4 5 6 7 8 9
6	0 1 2 3 4 5 6 7 8 9
9	0 1 2 3 4 5 6 7 8 9
7	0 1 2 3 4 5 6 7 8 9
5	0 1 2 3 4 5 6 7 8 9
1	0 1 2 3 4 5 6 7 8 9

SEE COVER OF YOUR TASK BOOKLET Form N20, Ser. No. 0233

4 TASK BOOKLET	FORM	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
	SERIAL NO.	0 1 2 3 4 5 6 7 8 9
		0 1 2 3 4 5 6 7 8 9
		0 1 2 3 4 5 6 7 8 9

5 DATE OF BIRTH

MONTH	0 1 2 3 4 5 6 7 8 9
DAY	0 1 2 3 4 5 6 7 8 9
YEAR	0 1 2 3 4 5 6 7 8 9
YEAR	0 1 2 3 4 5 6 7 8 9

My birthday is May 10, 1940  
 May = 05 1940 = 40

**TASK ANALYSIS BACKGROUND DATA SHEET**

SEE TASK STATEMENT BOOKLET FOR INSTRUCTIONS TO COMPLETING BOXES	6	0 1 2 3 4 5 6 7 8 9	13 0 1
		0 1 2 3 4 5 6 7 8 9	14 0 1
		0 1 2 3 4 5 6 7 8 9	15 0 1
		0 1 2 3 4 5 6 7 8 9	16 0 1
	7	0 1 2 3 4 5 6 7 8 9	17 0 1
		0 1 2 3 4 5 6 7 8 9	18 0 1
		0 1 2 3 4 5 6 7 8 9	19 0 1
		0 1 2 3 4 5 6 7 8 9	20 0 1
	8	0 1 2 3 4 5 6 7 8 9	21 0 1
		0 1 2 3 4 5 6 7 8 9	22 0 1
		0 1 2 3 4 5 6 7 8 9	23 0 1
		0 1 2 3 4 5 6 7 8 9	24 0 1
9	0 1 2 3 4 5 6 7 8 9	25 0 1	
	0 1 2 3 4 5 6 7 8 9	26 0 1	
	0 1 2 3 4 5 6 7 8 9	27 0 1	
	0 1 2 3 4 5 6 7 8 9	28 0 1	
10	0 1 2 3 4 5 6 7 8 9	29 0 1	
	0 1 2 3 4 5 6 7 8 9	30 0 1	
11	0 1 2 3 4 5 6 7 8 9	31 0 1	
	0 1 2 3 4 5 6 7 8 9	32 0 1	
12	0 1 2 3 4 5 6 7 8 9	33 0 1	
	0 1 2 3 4 5 6 7 8 9	34 0 1	

*Ignore these boxes*



## PART II

PART II A LIST OF TASKS

PART II B LIST OF INSTRUMENTS AND EQUIPMENT

### HOW TO RESPOND TO TASK STATEMENTS AND INSTRUMENTS

Your responses to each statement should be marked on the corresponding page, column and item number in your RESPONSE BOOKLET.

Note that each page in your RESPONSE BOOKLET has two response blocks. The left-hand block (items 1-25) is for entering responses to statements printed on LEFT pages of this TASK BOOKLET; the right-hand block (items 26-50) is for the responses to statements printed on RIGHT pages. Make sure that your answers are recorded in the appropriate block on every page. DO NOT MAKE ANY MARKS OTHER THAN YOUR ANSWERS!

Each time you start a new page in your RESPONSE BOOKLET, check the page on your TASK BOOKLET. See that the numbers match; then mark the page number in "Box X" in the response page (see instructions at the top of response page.) This is necessary for computer processing.

Tear the Response Guide (p. xiii) at the perforation, and use the correct side to respond to each task or instrument found on the following white pages. Note the following detailed explanation of responses.



Column A - (the responses to Column A differ for Part II A and Part II B, be sure to use the appropriate set of responses.)

Part II A

How often did you do this task within the last month?  
(If you were on leave, consider your immediate past working month.)

- 0 = Did not do
- 1 = Did less than 5 times
- 2 = Did 5 to 20 times
- 3 = Did 21 to 50 times
- 4 = Did 51 to 100 times
- 5 = Did more than 100 times

Part II B

How often did you use this instrument or piece of equipment within the last month? (If you were on leave, consider your immediate past working month.)

- 0 = Did not use
- 1 = Used less than 5 times
- 2 = Used 5-20 times
- 3 = Used 21-50 times
- 4 = Used 51-100 times
- 5 = Used more than 100 times

If answer in Column A is 0, go to the next statement. If answer is 1, 2, 3, 4 or 5, answer also Columns B, C & D.



Column B

Indicate the approximate time you spent on a single performance the last time you performed this task.

0 = less than one minute

1 = 1 to 4 minutes

2 = 5 to 10 minutes

3 = 11 to 20 minutes

4 = 21 to 30 minutes

5 = 31 to 60 minutes

6 = 1 to 2 hours

7 = more than 2 hours

Column C

Do you feel you need additional training to perform this task?

0 = No

1 = Yes



# RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

## HOW TO RESPOND TO PART IIA - LIST OF TASKS

ANSWER COL. A FIRST. IF A = 0, GO TO NEXT STATEMENT: IF A = 1-5, ANSWER COLUMNS B, C & D ALSO.

xi  
ii  
iii

A

FREQUENCY

0=DID NOT DO LAST MONTH  
1=DID LESS THAN 5 TIMES  
2=DID 5 TO 20 TIMES  
3=DID 21 TO 50 TIMES  
4=DID 51 TO 100 TIMES  
5=DID MORE THAN 100 TIMES

B

TIME CONSUMED  
(single performance  
the last time  
performed)

0=LESS THAN 1 MINUTE  
1=1 TO 4 MINUTES  
2=5 TO 10 MINUTES  
3=11 TO 20 MINUTES  
4=21 TO 30 MINUTES  
5=31 TO 60 MINUTES  
6=1 TO 2 HOURS  
7=MORE THAN 2 HOURS

C

DO YOU FEEL YOU  
NEED ADDITIONAL  
TRAINING TO PER-  
FORM THIS TASK?

0=NO  
1=YES

D

OPTION

(Additional instructions  
will be given if this  
column is used)



# RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

## HOW TO RESPOND TO PART IIB - LIST OF INSTRUMENTS AND EQUIPMENT

ANSWER COL. A FIRST. IF A = 0, GO TO NEXT STATEMENT: IF A = 1-5, ANSWER COLUMNS B, C & D ALSO.

A	B	C	D
FREQUENCY	TIME CONSUMED (last time used)	DO YOU FEEL YOU NEED ADDITIONAL TRAINING TO PER- FORM THIS TASK?	OPTION (Additional instructions will be given if this column is used)
0=DID NOT USE LAST MONTH	0=LESS THAN 1 MINUTE	0=NO	
1=USED LESS THAN 5 TIMES	1=1 TO 4 MINUTES	1=YES	
2=USED 5 TO 20 TIMES	2=5 TO 10 MINUTES		
3=USED 21 TO 50 TIMES	3=11 TO 20 MINUTES		
4=USED 51 TO 100 TIMES	4=21 TO 30 MINUTES		
5=USED MORE THAN 100 TIMES	5=31 TO 60 MINUTES		
	6=1 TO 2 HOURS		
	7=MORE THAN 2 HOURS		



Part II A  
LIST OF TASKS



TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 01  
OF RESPONSE BOOKLET

- 1 VERIFY IDENTIFICATION OF PATIENT, E.G. FOR TREATMENT, MEDICATIONS, EXAMINATION
- 2 MEASURE/WEIGH PATIENT OR PERSONNEL
- 3 GIVE CARE TO PATIENT WITH HEARING/SPEECH/SIGHT LOSS
- 4 CHANGE PATIENT'S SOILED LINEN AND CLOTHING
- 5 ASSIST PATIENT WITH BEDPANS/URINALS/COMMODE CHAIRS
- 6 FEED OR HELP PATIENTS IN EATING
- 7 GIVE BED BATH TO PATIENTS
- 8 GIVE ICE PACK TREATMENT
- 9 GIVE SPONGE BATH TO REDUCE FEVER
- 10 GIVE MEDICATED BATH
- 11 GIVE MASSAGE FOR RELAXATION (SEDATIVE MASSAGE)
- 12 GIVE MASSAGE TO REDUCE MUSCLE SPASM
- 13 APPLY WET COMPRESSES/SOAKS/PACKS
- 14 GIVE HEAT TREATMENT, E.G. HYDROCOLLATOR/K PACK, HEAT LAMP
- 15 PLACE PATIENT IN POSTURAL DRAINAGE POSITION
- 16 APPLY/CHANGE STERILE DRESSINGS
- 17 APPLY/CHANGE BANDAGES, E.G. ROLLER, TRIANGULAR, KURLEX
- 18 APPLY/CHANGE BATTLE DRESSINGS
- 19 REINFORCE DRESSINGS, I.E. ADD DRESSINGS
- 20 CHECK DRESSINGS, E.G. FOR CLEANLINESS
- 21 OBSERVE FOR/REPORT SYMPTOMS OF WOUND INFECTION
- 22 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM INCISIONS/WOUNDS
- 23 CHECK/EXAMINE INCISIONS/WOUNDS FOR PROGRESS OF HEALING
- 24 PRESCRIBE TREATMENT FOR WOUND INFECTION
- 25 INSERT DRAIN/WOUND CATHETER, E. G. PENROSE, RUBBER BAND



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 01 OF RESPONSE BOOKLET
----------	---

- |    |   |
|----|---|
| 26 | IRRIGATE WOUND  |
| 27 | REMOVE/SHORTEN DRAIN  |
| 28 | ESTIMATE/RECORD BLOOD LOSS FOLLOWING HEMORRHAGE                                     |
| 29 | CHECK COLOR OF SKIN, E.G. CYANOSIS, BLANCHING, JAUNDICE,<br>MOTTLING                |
| 30 | CHECK FOR EDEMA (SWELLING) OF EXTREMITIES, EYES                                     |
| 31 | PALPATE NECK FOR MASSES/NODES   |
| 32 | CHECK TEMPERATURE OF SKIN   |
| 33 | CHECK PATIENTS TEMPERATURE  |
| 34 | CHECK PATIENT FOR SWEATING/DIAPHORESIS  |
| 35 | OBSERVE PATIENT FOR SIGNS OF CHILLING   |
| 36 | PRESCRIBE SYMPTOMATIC TREATMENT FOR FEVER OF UNDETERMINED ORIGIN                    |
| 37 | OBSERVE FOR/REPORT SYMPTOMS OF DEHYDRATION  |
| 38 | CALCULATE/PLAN ORAL FLUID RESTRICTIONS  |
| 39 | RECORD/TALLY FLUID INTAKE AND OUTPUT  |
| 40 | FORCE FLUID INTAKE  |
| 41 | REPORT CHANGES OR IMBALANCES IN INTAKE AND OUTPUT                                   |
| 42 | REVIEW BLOOD SUGAR/FRACTIONAL URINE TESTS PRIOR TO<br>ADMINISTRATION OF INSULIN     |
| 43 | OBSERVE FOR/REPORT SYMPTOMS OF INSULIN REACTION                                     |
| 44 | GIVE ENEMA  |
| 45 | INSERT RECTAL SUPPOSITORY OR MEDICATION   |
| 46 | REMOVE FECAL IMPACTION  |
| 47 | DETERMINE NEED TO CHECK VITAL SIGNS MORE OFTEN/LESS OFTEN THAN<br>ORDERED BY DOCTOR |
| 48 | GIVE OXYGEN THERAPY, I.E. CANNULA, CATHETER/MASK                                    |
| 49 | PRESCRIBE TYPE AND AMOUNT OF INTRAVENOUS FLUID THERAPY                              |
| 50 | INITIATE INTRAVENOUS THERAPY  |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 02 OF RESPONSE BOOKLET
1	START I.V. THERAPY VIA NEEDLE/SCALP VEIN/BUTTERFLY
2	START I.V. THERAPY VIA MEDICUT (ANGIOCATH, JELCO)
3	PERFORM INTRAVENOUS CUTDOWN
4	ADMINISTER I.V. MEDICATION DIRECTLY INTO VEIN
5	ADMINISTER MEDICATION BY INJECTION INTO IV TUBING
6	ADMINISTER I.V. MEDICATION VIA SOLUSET, PIGGY BACK, OR I.V. BOTTLE
7	ADMINISTER BLOOD EXPANDER OTHER THAN BLOOD, E.G. PLASMA, ALBUMIN
8	MONITOR/REGULATE INTRAVENOUS SOLUTION FLOW RATE
9	CHECK I.V. SITE FOR INFILTRATION, PHLEBITIS, CELLULITIS
10	CALCULATE RATE OF I.V. FLOW, E.G. DROPS PER MINUTE
11	IRRIGATE I.V. TUBING
12	REGULATE I.V. FLOW/DRIP ACCORDING TO CHANGES IN VITAL SIGNS, MONITOR READINGS, URINARY OUTPUT
13	ADD MEDICATION TO AND LABEL I.V. SOLUTIONS
14	ADD/CHANGE I.V. BOTTLE DURING CONTINUOUS INFUSION
15	DISCONTINUE I.V. THERAPY
16	ADMINISTER ORAL MEDICATION
17	ADMINISTER INTRADERMAL INJECTION
18	ADMINISTER MEDICATION BY INTRAMUSCULAR INJECTION
19	ADMINISTER INNOCULATIONS AND VACCINATIONS
20	ADMINISTER MEDICATION BY SUBCUTANEOUS INJECTION
21	APPLY TOPICAL ANESTHESIA
22	ADMINISTER CONTROLLED DRUGS
23	ADMINISTER NARCOTICS
24	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF URINE OR FECES OR VOMITUS OR REGURGITATION
25	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM INTERNAL BODY ORGANS



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 02 OF RESPONSE BOOKLET
25	MEASURE CONTENTS OF DRAINAGE CONTAINER, E.G. BAGS, BOTTLES, BASINS, URINALS
27	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF SPUTUM, MUCUS
28	DETERMINE PATIENT BED LOCATION WITHIN WARD/UNIT
29	ARRANGE ROOM/UNIT FOR INDIVIDUAL PATIENT NEEDS, E.G. BLIND/ BEDRIDDEN/POST-OP PATIENT
30	OBSERVE FOR/REPORT SYMPTOMS OF MALARIA
31	SCREEN AND ISOLATE PATIENTS WITH SUSPECTED COMMUNICABLE DISEASE
32	PREPARE ISOLATION ROOM FOR PATIENT
33	PACK/WRAP ALL EQUIPMENT/SUPPLIES/REFUSE FROM ISOLATION UNITS BEFORE REMOVAL
34	CHEMICALLY TREAT EXCRETA FROM ISOLATION UNITS FOR DISPOSAL
35	DO TERMINAL CLEANING AND DISINFECTING OF ISOLATION ROOM/AREA
36	COMFORT THE DYING PATIENT OR HIS FAMILY
37	ADMINISTER BAPTISM
38	GIVE POST MORTEM CARE
39	DO FINGERPRINTING OF HUMAN REMAINS
40	PREPARE/PRESERVE CORPSE/BODY PARTS FOR SHIPMENT
41	SCREEN PATIENT ON ARRIVAL TO DETERMINE WHICH STAFF MEMBER PATIENT SHOULD SEE
42	SCREEN PATIENT VIA TELEPHONE TO DETERMINE NEED FOR MEDICAL ATTENTION
43	DETERMINE IF PERSONNEL AT SICK CALL ARE FIT FOR DUTY
44	TALK WITH PATIENT TO ASCERTAIN NEEDS/PROBLEMS
45	MAKE PATIENT ROUNDS OF WARDS/SECTION/UNIT/HOSPITAL
46	MAKE PATIENT ROUNDS/SICK CALL WITH DOCTOR
47	OBTAIN PRELIMINARY MEDICAL HISTORY, I.E. PAST/PRESENT COMPLAINTS, ALLERGIES, MEDICATIONS
48	OBTAIN PATIENT'S SOCIAL AND FAMILY HISTORY
49	EVALUATE PATIENT'S SOCIO-CULTURAL BACKGROUND FOR INFLUENCES ON HEALTH CARE
50	REVIEW PAST AND PRESENT MEDICAL/DENTAL HISTORY TO PLAN CARE



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 03 OF RESPONSE BOOKLET
1	REVIEW TEST/EXAMINATION/CONSULTATION REPORTS FOR ABNORMAL (POSITIVE) FINDINGS
2	SCREEN PHYSICAL EXAMINATION RESULTS TO DETERMINE IF PERSONNEL MEET DEEP SEA DIVER MEDICAL STANDARDS
3	SCREEN PHYSICAL EXAMINATION RESULTS TO DETERMINE IF PERSONNEL MEET SUBMARINE MEDICAL STANDARDS
4	SCREEN PHYSICAL EXAMINATION RESULTS TO DETERMINE IF PERSONNEL MEET RADIATION WORKERS MEDICAL STANDARDS
5	ASK PATIENT/CHECK CHART FOR CONTRAINDICATION FOR TREATMENT, PROCEDURE, TEST
6	DETERMINE NEED TO NOTIFY DOCTOR/NURSE OF PATIENT'S CONDITION
7	REFER PATIENT TO DOCTOR FOR TREATMENT
8	CONFER WITH PARAMEDICAL PERSONNEL TO DISCUSS PATIENT PROGRESS/ PROBLEMS, E.G. O.T., P.T., SOCIAL WORKER
9	CONFER WITH CHAPLAIN TO DISCUSS PATIENT/FAMILY NEEDS/PROBLEMS
10	DETERMINE WHEN TO GIVE P.R.N. MEDICATION, E.G. PAIN, SEDATIVE, LAXATIVE
11	INITIATE AND ORDER DIAGNOSTIC TEST
12	OBSERVE/REPORT SYMPTOMS OF SIDE EFFECTS TO TREATMENT/MEDICATION
13	RECOMMEND NEED FOR SPECIALTY CONSULT/REFERRAL
14	INITIATE CONSULT/REFERRAL IN ABSENCE OF DOCTOR
15	CONSULT DOCTOR OR NURSE TO OBTAIN INFORMATION/ADVICE ON PATIENT CARE
16	MAKE SUGGESTION REGARDING NEED FOR DIAGNOSTIC TESTS
17	REVIEW DOCTOR'S ORDERS AND INSTRUCTIONS WITH DOCTOR
18	GIVE/RECEIVE VERBAL REPORTS ABOUT PATIENT
19	CARRY OUT DOCTOR'S VERBAL ORDERS
20	MODIFY/CHANGE PATIENT TREATMENT PLAN
21	INITIATE TREATMENT PROCEDURES IN THE ABSENCE OF A DOCTOR
22	PRESCRIBE CORTICOSTEROID OINTMENTS
23	PRESCRIBE ANTIBIOTICS
24	PRESCRIBE NARCOTICS
25	PRESCRIBE TRANQUILIZERS



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 03 OF RESPONSE BOOKLET
26	PREScribe LOZENGES, THROAT GARGLES, EXPECTORANTS
27	PREScribe ANTIHISTAMINES
28	PREScribe BARBITURATES
29	PREScribe ANALGESICS
30	PREScribe ANTIEMETICS
31	PREScribe VACCINES, TOXINS, ANTITOXINS
32	PREScribe SKELETAL MUSCLE RELAXANTS
33	PREScribe CENTRAL NERVOUS SYSTEM STIMULANTS
34	PREScribe ANTHELMINTICS, E.G. ANTEPAR
35	PREScribe PEDICULICIDES/SCABICIDES, E.G. KWELL
36	AUTHORIZE EXCUSED/LIGHT DUTIES
37	CONFER WITH NON-MEDICAL PERSONNEL ABOUT PATIENT TREATMENT/ PROGRESS, E.G. WORK SUPERVISOR
38	FOLLOW UP/EVALUATE PATIENT TREATMENT/PROGRESS AFTER DISCHARGE FROM MEDICAL FACILITY
39	REASSURE/CALM APPREHENSIVE (ANXIOUS) PATIENT
40	ENCOURAGE PATIENT INDEPENDENCE AND/INVOLVEMENT IN SELF CARE
41	INFORM PATIENT OF PROGRESS OF THERAPY
42	EXPLAIN X-RAY PROCEDURES TO PATIENT
43	EXPLAIN/ANSWER QUESTIONS ABOUT TREATMENT PROCEDURE VIA TELEPHONE
44	EXPLAIN/ANSWER QUESTIONS ABOUT DOCTOR'S INSTRUCTIONS TO PATIENT/ FAMILY
45	EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING EXAMINATION/TEST/ TREATMENT PROCEDURES
46	EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING SYMPTOMS/DISEASE/ TREATMENT
47	REINFORCE PATIENT'S POSITIVE RESPONSE TO THERAPY
48	INITIATE AND IMPLEMENT CHANGE IN PATIENT CARE PLAN
49	CALCULATE SPECIAL DIET, E.G. LOW SODIUM, DIABETIC DIET
50	PREPARE A CARE PLAN FOR PATIENT



TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 04  
OF RESPONSE BOOKLET

- 1 MODIFY PATIENT CARE ACCORDING TO PATIENT'S RESPONSE/NEED, E.G.  
PHYSICAL ACTIVITY
- 2 PLAN/MODIFY DIAGNOSTIC PROCEDURES ACCORDING TO PATIENT'S  
RESPONSE/NEED
- 3 ASSESS COMPLETENESS OF LABORATORY REPORTS
- 4 CONDUCT CLASSES FOR GROUPS OF PATIENTS REGARDING CARE OF  
SPECIFIC DISABILITY/DISEASE
- 5 DETERMINE PRIORITIES FOR EVACUATION OF PATIENTS
- 6 DETERMINE PRIORITIES FOR TREATMENT OF PATIENTS
- 7 DETERMINE METHOD OF MOVING/TRANSPORTING PATIENT
- 8 ASSIST PATIENTS DURING EVACUATION PROCEDURES
- 9 MOVE CASUALTY USING DRAGS/CARRIES
- 10 LOAD/UNLOAD PATIENT FROM HELICOPTER
- 11 LOAD/UNLOAD PATIENT FROM HELICOPTER/SHIP LIFTS
- 12 TRANSPORT PATIENT UP/DOWN LADDERS ON SHIPS
- 13 COORDINATE WITH CIVILIAN HOSPITAL TO RECEIVE CASUALTIES
- 14 SUPERVISE PATIENT EVACUATION, E.G. ENSURE PATIENT IS MEDICALLY  
SECURED FOR TRANSPORT
- 15 COORDINATE MEDICAL EVACUATIONS
- 16 GIVE EMERGENCY TREATMENT/FIRST AID FOR RESPIRATORY IMPAIRMENT
- 17 GIVE EMERGENCY TREATMENT/FIRST AID FOR CARBON MONOXIDE POISONING
- 18 GIVE EMERGENCY TREATMENT/FIRST AID FOR CARBON DIOXIDE POISONING
- 19 GIVE EMERGENCY TREATMENT/FIRST AID FOR SMOKE INHALATION
- 20 GIVE EMERGENCY TREATMENT/FIRST AID FOR HEMO/PNEUMOTHORAX
- 21 POSITION PATIENT WHO HAS DIFFICULTY BREATHING
- 22 INSERT AIRWAY
- 23 INSERT NEEDLE INTO TRACHEA TO MAINTAIN AIRWAY
- 24 PERFORM CRICOTHYROTOMY
- 25 PERFORM TRACHEOTOMY/TRACHEOSTOMY



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 04 OF RESPONSE BOOKLET
26	RESUSCITATE PATIENT USING MOUTH TO MOUTH TECHNIQUE
27	RESUSCITATE PATIENT USING AMBU BAG
28	RESUSCITATE PATIENT USING ARM LIFT OR HAND-BACK TECHNIQUE
29	RESUSCITATE PATIENT USING RESPIRATOR
30	GIVE CARE TO PATIENT ON A RESPIRATOR, E.G. SUCTION, FEED, PLACE ON AND OFF MACHINE
31	TREAT PATIENT/PERSONNEL WHO HYPERVENTILATE, E.G. GIVE BREATHING INSTRUCTIONS, CARBON DIOXIDE
32	OBSERVE FOR/REPORT SYMPTOMS OF SHOCK
33	POSITION PATIENT WHO HAS SYMPTOMS OF SHOCK
34	GIVE EMERGENCY TREATMENT/FIRST AID FOR SHOCK
35	GIVE EMERGENCY TREATMENT/FIRST AID FOR ANAPHYLACTIC REACTION
36	GIVE EMERGENCY TREATMENT/FIRST AID FOR CARDIAC ARREST
37	GIVE EXTERNAL CARDIAC MASSAGE
38	GIVE EMERGENCY TREATMENT/FIRST AID FOR CONVULSION
39	PROTECT PATIENT FROM INJURY DURING CONVULSION
40	GIVE EMERGENCY TREATMENT/FIRST AID FOR SYNCOPE (FAINTING)
41	GIVE EMERGENCY TREATMENT/FIRST AID FOR SPINAL CORD INJURY
42	GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAD INJURY
43	MOVE/POSITION PATIENT WITH SUSPECTED SPINAL FRACTURES OR CORD INJURIES
44	MOVE/POSITION PATIENT WITH HEAD INJURIES
45	EXAMINE FOR SYMPTOMS OF INTERNAL HEMORRHAGE
46	OBSERVE FOR/REPORT SYMPTOMS OF EXTERNAL HEMORRHAGE
47	OBSERVE FOR/REPORT SYMPTOMS OF HYPOTENSION/HYPERTENSION
48	GIVE EMERGENCY TREATMENT/FIRST AID FOR EXTERNAL HEMORRHAGE
49	GIVE EMERGENCY TREATMENT/FIRST AID FOR INTERNAL INJURIES
50	GIVE EMERGENCY TREATMENT/FIRST AID FOR INTERNAL HEMORRHAGE



TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 05  
OF RESPONSE BOOKLET

- 1 MOVE/POSITION PATIENT WITH SUSPECTED INTERNAL INJURIES
- 2 GIVE EMERGENCY TREATMENT/FIRST AID FOR DRUG/CHEMICAL INGESTION/  
POISONING
- 3 GIVE EMERGENCY TREATMENT/FIRST AID FOR SEVERE DRUG REACTION
- 4 GIVE EMERGENCY TREATMENT/FIRST AID FOR SPRAIN/STRAIN/TORN  
LIGAMENT
- 5 GIVE EMERGENCY TREATMENT/FIRST AID FOR FRACTURES
- 6 GIVE EMERGENCY TREATMENT/FIRST AID FOR TRAUMATIC AMPUTATION
- 7 GIVE EMERGENCY TREATMENT/FIRST AID FOR BLAST INJURY
- 8 MOVE/POSITION PATIENT WITH SUSPECTED FRACTURES OF EXTREMITIES
- 9 POSITION EXTREMITIES TO REDUCE SWELLING OR BLEEDING
- 10 REDUCE DISLOCATED FINGER
- 11 REDUCE DISLOCATED SHOULDER
- 12 GIVE EMERGENCY TREATMENT/FIRST AID FOR THERMAL BURN
- 13 GIVE EMERGENCY TREATMENT/FIRST AID FOR ELECTRICAL BURN
- 14 GIVE EMERGENCY TREATMENT/FIRST AID FOR CHEMICAL BURN
- 15 GIVE EMERGENCY TREATMENT/FIRST AID FOR PSYCHIATRIC CRISIS/  
EPISODE
- 16 GIVE EMERGENCY TREATMENT/FIRST AID FOR EXPOSURE TO CHEMICAL  
WARFARE AGENT
- 17 GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAT STROKE
- 18 GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAT EXHAUSTION
- 19 GIVE EMERGENCY TREATMENT/FIRST AID FOR FOOD POISONING
- 20 GIVE EMERGENCY TREATMENT/FIRST AID FOR CORNEAL ABRASION
- 21 GIVE EMERGENCY TREATMENT/FIRST AID FOR SNAKE BITE
- 22 GIVE EMERGENCY TREATMENT/FIRST AID FOR ANIMAL BITE
- 23 GIVE EMERGENCY TREATMENT/FIRST AID FOR INSECT BITE
- 24 GIVE EMERGENCY TREATMENT/FIRST AID FOR FISH BITE/STING
- 25 EXAMINE FOR ENTRY AND EXIT AREA OF SHRAPNEL OR BULLETS



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 05 OF RESPONSE BOOKLET
----------	--

- |    |  |
|----|--|
| 26 | GIVE EMERGENCY TREATMENT/FIRST AID FOR LACERATION  |
| 27 | GLOVE FOR STERILE PROCEDURE  |
| 28 | GOWN FOR STERILE PROCEDURE   |
| 29 | SCRUB FOR SURGERY/STERILE PROCEDURE  |
| 30 | PREPARE SKIN SITE WITH ANTISEPTIC SOLUTION PRIOR TO INCISION/<br>SUTURING/TREATMENT OR EXAMINATION |
| 31 | ADMINISTER TISSUE INFILTRATION/LOCAL ANESTHESIA  |
| 32 | MAKE INCISION FOR MINOR SURGERY  |
| 33 | SUTURE SKIN  |
| 34 | SUTURE MUSCLE  |
| 35 | SUTURE SUBCUTANEOUS TISSUE   |
| 36 | SUTURE MUCOSAL TISSUE  |
| 37 | SUTURE FACIAL LACERATIONS  |
| 38 | CUT SUTURES AT SURGICAL SITE   |
| 39 | REMOVE FLUID FROM SURGICAL SITE WITH SPONGES OR SUCTION  |
| 40 | POSITION/HOLD RETRACTORS TO MAINTAIN OPEN INCISION   |
| 41 | TIE SUTURES/LIGATURES FOR HEMOSTASIS   |
| 42 | COUNT SPONGES DURING/AFTER SURGICAL PROCEDURE  |
| 43 | REMOVE SUTURES   |
| 44 | CLEAN WOUND, CUT, ABRASION   |
| 45 | REMOVE SUPERFICIAL FOREIGN BODY FROM TISSUE  |
| 46 | DEBRIDE WOUND/BURN   |
| 47 | CONTROL BLEEDING BY PRESSURE DRESSING  |
| 48 | CONTROL BLEEDING BY APPLYING DIGITAL PRESSURE ON BLOOD VESSEL                                      |
| 49 | CONTROL BLEEDING BY APPLYING TOURNIQUETS   |
| 50 | CAUTERIZE BLEEDERS WITH CHEMICAL, E.G. SILVER NITRATE STICK,<br>POWDER                             |



1 TASK NO. 1 ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 06  
1 OF RESPONSE BOOKLET

- 1 CLAMP BLOOD VESSELS
- 2 INCISE AND DRAIN SUPERFICIAL ABSCESS
- 3 PACK INCISION/WOUND/CAVITY
- 4 DRESS/PACK SUCKING CHEST WOUND
- 5 MAKE STAB WOUND/INSERT CHEST TUBE
- 6 PERFORM SECONDARY CLOSURE OF WOUND, E.G. DEBRIDE, INSERT DRAIN, SUTURE
- 7 PERFORM AMPUTATION
- 8 DELIVER BABY
- 9 CHECK/COUNT RESPIRATIONS
- 10 OBSERVE PATIENT FOR/REPORT AND DESCRIBE ABNORMAL RESPIRATIONS
- 11 AUSCULTATE LUNGS TO DETECT ABNORMAL SOUNDS, I.E. RALES, WHEEZE, RONCHI
- 12 PALPATE CHEST FOR MASSES/NODES
- 13 CHECK PATIENT'S AIRWAY FOR PATENCY/OBSTRUCTION
- 14 OBSERVE FOR/REPORT SYMPTOMS OF ASPIRATION
- 15 OBSERVE FOR/REPORT CHARACTERISTICS OF COUGH
- 16 PRESCRIBE SYMPTOMATIC TREATMENT FOR SORE THROATS
- 17 PRESCRIBE SYMPTOMATIC TREATMENT FOR COLDS
- 18 PRESCRIBE SYMPTOMATIC TREATMENT FOR FLU
- 19 MAKE PRELIMINARY DIAGNOSIS OF ASTHMA
- 20 PRESCRIBE TREATMENT FOR ASTHMA
- 21 MAKE PRELIMINARY DIAGNOSIS OF BRONCHITIS
- 22 PRESCRIBE TREATMENT FOR BRONCHITIS
- 23 MAKE PRELIMINARY DIAGNOSIS OF PLEURISY
- 24 PRESCRIBE TREATMENT FOR PLEURISY
- 25 MAKE PRELIMINARY DIAGNOSIS OF PNEUMONIA



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 06 OF RESPONSE BOOKLET
----------	---

- |    |  |
|----|--|
| 26 | PREScribe TREATMENT FOR PNEUMONIA                              |
| 27 | MAKE PRELIMINARY DIAGNOSIS OF PULMONARY EMBOLISM               |
| 28 | PREScribe TREATMENT FOR PULMONARY EMBOLISM                     |
| 29 | INTUBATE PATIENT'S TRACHEA/LARYNX                              |
| 30 | MAKE PRELIMINARY DIAGNOSIS OF TUBERCULOSIS                     |
| 31 | PREScribe TREATMENT FOR TUBERCULOSIS                           |
| 32 | DO FOLLOW UP ON TB CONTACTS FOR EXAMINATION/TREATMENT          |
| 33 | TEACH BREATHING EXERCISES                                      |
| 34 | TEACH PATIENT TO COUGH AND DEEP BREATHE                        |
| 35 | TAKE BLOOD PRESSURE  |
| 36 | CHECK PEDAL PULSE FOR PRESENCE AND QUALITY                     |
| 37 | CHECK FEMORAL PULSE FOR PRESENCE AND QUALITY                   |
| 38 | DETERMINE APICAL PULSE RATE/RHYTHM WITH STETHESCOPE            |
| 39 | CHECK RADIAL (WRIST) PULSE                                     |
| 40 | CHECK DEGREE OF PITTING EDEMA, I.E. 1ST-4TH DEGREE             |
| 41 | EXAMINE LEGS TO DETECT/RULE OUT CALF TENDERNESS/VARICOSE VEINS |
| 42 | EVALUATE SYMPTOMS OF PATIENT COMPLAINING OF CHEST PAIN         |
| 43 | MAKE PRELIMINARY DIAGNOSIS OF ANGINA PECTORIS                  |
| 44 | PREScribe TREATMENT FOR ANGINA PECTORIS                        |
| 45 | MAKE PRELIMINARY DIAGNOSIS OF HYPERTENSION                     |
| 46 | PREScribe TREATMENT FOR HYPERTENSION                           |
| 47 | MAKE PRELIMINARY DIAGNOSIS OF MYOCARDIAL INFARCTION            |
| 48 | PREScribe TREATMENT FOR MYOCARDIAL INFARCTION                  |
| 49 | MAKE PRELIMINARY DIAGNOSIS OF CONGESTIVE HEART FAILURE         |
| 50 | PREScribe TREATMENT FOR CONGESTIVE HEART FAILURE               |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 07 OF RESPONSE BOOKLET
----------	---

- |    |   |
|----|---|
| 1  | MAKE PRELIMINARY DIAGNOSIS OF CEREBRAL VASCULAR ACCIDENT                            |
| 2  | PRESCRIBE TREATMENT FOR CEREBRAL VASCULAR ACCIDENT                                  |
| 3  | DETERMINE WHEN TO GIVE P.R.N. CARDIOVASCULAR MEDICATION, E.G. XYLOCAINE             |
| 4  | MAKE PRELIMINARY DIAGNOSIS OF MONONUCLEOSIS   |
| 5  | PRESCRIBE TREATMENT FOR MONONUCLEOSIS   |
| 6  | MAKE PRELIMINARY DIAGNOSIS OF MALARIA   |
| 7  | PRESCRIBE TREATMENT FOR MALARIA   |
| 8  | OBSERVE FOR/REPORT DECREASED URINE OUTPUT OF PATIENTS SUSCEPTIBLE TO RENAL SHUTDOWN |
| 9  | EVALUATE PATIENT'S INABILITY TO VOID  |
| 10 | CHECK/OBSERVE ELIMINATION PATTERNS, E.G. FREQUENCY, URGENCY, INCONTINENCE           |
| 11 | PALPATE (FEEL) BLADDER FOR DISTENSION (FULLNESS)                                    |
| 12 | MAKE PRELIMINARY DIAGNOSIS OF NEPHRITIS   |
| 13 | PRESCRIBE TREATMENT FOR NEPHRITIS   |
| 14 | MAKE PRELIMINARY DIAGNOSIS OF CYSTITIS  |
| 15 | PRESCRIBE TREATMENT FOR CYSTITIS  |
| 16 | MAKE PRELIMINARY DIAGNOSIS OF URETHRITIS  |
| 17 | PRESCRIBE TREATMENT FOR URETHRITIS  |
| 18 | MAKE PRELIMINARY DIAGNOSIS OF EPIDIDYMITIS  |
| 19 | PRESCRIBE TREATMENT FOR EPIDIDYMITIS  |
| 20 | MAKE PRELIMINARY DIAGNOSIS OF PROSTATITIS   |
| 21 | PRESCRIBE TREATMENT FOR PROSTATITIS   |
| 22 | MAKE PRELIMINARY DIAGNOSIS OF CHANCROID   |
| 23 | PRESCRIBE TREATMENT FOR CHANCROID   |
| 24 | MAKE PRELIMINARY DIAGNOSIS OF RENAL COLIC   |
| 25 | PRESCRIBE TREATMENT FOR RENAL COLIC   |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 07 OF RESPONSE BOOKLET
----------	---

- |    |   |
|----|---|
| 26 | CATHETERIZE THE URINARY BLADDER, MALE                                 |
| 27 | IRRIGATE BLADDER (FOLEY CATHETER)                                     |
| 28 | REMOVE FOLEY CATHETER   |
| 29 | AUSCULTATE ABDOMEN FOR BOWEL SOUNDS                                   |
| 30 | OBSERVE FOR/REPORT SYMPTOMS OF DRUG/CHEMICAL INGESTION<br>(POISONING) |
| 31 | PALPATE (FEEL) ABDOMEN FOR DISTENSION (HARDNESS/SOFTNESS)             |
| 32 | PALPATE ABDOMEN FOR ORGAN ENLARGEMENT                                 |
| 33 | OBSERVE PATIENT'S EATING PATTERNS                                     |
| 34 | PRESCRIBE SYMPTOMATIC TREATMENT FOR NAUSEA AND VOMITING               |
| 35 | PRESCRIBE SYMPTOMATIC TREATMENT FOR DIARRHEA                          |
| 36 | PRESCRIBE SYMPTOMATIC TREATMENT FOR CONSTIPATION                      |
| 37 | PRESCRIBE SYMPTOMATIC TREATMENT FOR ABDOMINAL PAIN                    |
| 38 | MAKE PRELIMINARY DIAGNOSIS OF ULCER                                   |
| 39 | PRESCRIBE TREATMENT FOR ULCER   |
| 40 | MAKE PRELIMINARY DIAGNOSIS OF GASTRITIS                               |
| 41 | PRESCRIBE TREATMENT FOR GASTRITIS                                     |
| 42 | MAKE PRELIMINARY DIAGNOSIS OF GASTROENTERITIS                         |
| 43 | PRESCRIBE TREATMENT FOR GASTROENTERITIS                               |
| 44 | MAKE PRELIMINARY DIAGNOSIS OF HERNIA                                  |
| 45 | PRESCRIBE TREATMENT FOR HERNIA  |
| 46 | MAKE PRELIMINARY DIAGNOSIS OF INTESTINAL OBSTRUCTION                  |
| 47 | PRESCRIBE TREATMENT FOR INTESTINAL OBSTRUCTION                        |
| 48 | MAKE PRELIMINARY DIAGNOSIS OF CHOLYCYSTITIS                           |
| 49 | PRESCRIBE TREATMENT FOR CHOLYCYSTITIS                                 |
| 50 | MAKE PRELIMINARY DIAGNOSIS OF PILONIDAL CYST/ABSCESS                  |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE OF RESPONSE BOOKLET
----------	--

- |    |  |
|----|--|
| 1  | PREScribe TREATMENT FOR PILONIDAL CYST/ABSCESS                             |
| 2  | OBSERVE FOR/REPORT SYMPTOMS OF INTESTINAL WORMS                            |
| 3  | MAKE PRELIMINARY DIAGNOSIS OF AMEBIC DYSENTERY                             |
| 4  | PREScribe TREATMENT FOR AMEBIC DYSENTERY                                   |
| 5  | MAKE PRELIMINARY DIAGNOSIS OF BACILLARY DYSENTERY                          |
| 6  | PREScribe TREATMENT FOR BACILLARY DYSENTERY                                |
| 7  | MAKE PRELIMINARY DIAGNOSIS OF HEPATITIS                                    |
| 8  | PREScribe TREATMENT FOR HEPATITIS  |
| 9  | PREScribe TREATMENT FOR HEMORRHOIDS  |
| 10 | PALPATE ABDOMEN FOR APPENDICITIS   |
| 11 | MAKE PRELIMINARY DIAGNOSIS OF APPENDICITIS                                 |
| 12 | PREScribe TREATMENT FOR APPENDICITIS                                       |
| 13 | INSERT N.G./LEVINE TUBE  |
| 14 | INSERT CANTOR, MILLER ABBOTT TUBE  |
| 15 | IRRIGATE N.G., CANTOR, MILLER ABBOTT TUBES                                 |
| 16 | ADMINISTER TUBE FEEDING, E.G. N.G., GASTROSTOMY                            |
| 17 | LAVAGE STOMACH, I.E. IRRIGATE UNTIL CLEAR                                  |
| 18 | PACK ANAL/PILONIDAL FISSURE  |
| 19 | EXAMINE FOR SYMPTOMS OF FRACTURES  |
| 20 | EXAMINE FOR SIGNS OF SPRAINS   |
| 21 | PALPATE JOINTS FOR SWELLING, DEFORMITY, PAIN                               |
| 22 | ASSESS PATIENT'S TOLERANCE OF EXERCISE OR ACTIVITY                         |
| 23 | OBSERVE/REPORT PATIENT'S MUSCLE TONE, E.G. RIGID, FLACCID, SPASTIC, SPASMS |
| 24 | MEASURE RANGE OF MOTION OF JOINTS  |
| 25 | MAKE PRELIMINARY DIAGNOSIS OF ARTHRITIS                                    |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 08 OF RESPONSE BOOKLET
26	PRESCRIBE TREATMENT FOR ARTHRITIS
27	MAKE PRELIMINARY DIAGNOSIS OF BURSITIS
28	PRESCRIBE TREATMENT FOR BURSITIS
29	TAPE ANKLE, WRIST, KNEE, CHEST FOR IMMOBILIZATION
30	APPLY/REMOVE SLING, E.G. ARM, LEG
31	TAKE PATIENT IN AND OUT OF TRACTION
32	PLACE PATIENT IN SKELETAL TRACTION WITH THOMAS SPLINT
33	DETERMINE TIME FOR APPLICATION/REMOVAL OF CAST
34	PLACE PATIENT IN T-SPLINT CLAVICLE TRACTION
35	SET FRACTURE, I.E. CLOSED REDUCTION
36	APPLY LONG ARM PLASTER CAST
37	APPLY LONG LEG CYLINDER PLASTER CAST
38	APPLY/REMOVE SPLINT
39	APPLY TRACTION SPLINTS
40	APPLY WALKING PLASTER CAST
41	DETERMINE NEED TO TRIM OR BIVALVE CAST
42	FABRICATE FRACTURE SPLINT
43	GIVE CARE TO PATIENT IN A CAST, E.G. PAD/PETAL CAST, TURN
44	CHECK/OUTLINE AREA OF DRAINAGE ON CAST
45	REMOVE PLASTER CAST
46	FIT CRUTCHES
47	TEACH PATIENT TO USE CANES
48	TEACH PATIENT SWING TO OR SWING THROUGH GAIT
49	TEACH PATIENT TWO POINT CRUTCH GAIT
50	PERFORM NEUROLOGICAL (CRANIAL) CHECKS, E.G. PUPILS, VITAL SIGNS, PATIENT RESPONSE



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 09 OF RESPONSE BOOKLET
----------	---

- |    |   |
|----|---|
| 1  | EXAMINE FOR EVIDENCE OF SPINAL CORD INJURIES                                      |
| 2  | CHECK PUPIL REACTION TO LIGHT   |
| 3  | OBSERVE/REPORT PATIENT'S LEVEL OF RESPONSIVENESS                                  |
| 4  | OBSERVE PATIENT'S PHYSICAL MOVEMENT, E.G. MUSCULAR COORDINATION, POSTURE, BALANCE |
| 5  | CHECK PATIENT'S RESPONSE TO PAINFUL STIMULUS AND TEMPERATURE                      |
| 6  | EVALUATE PATIENT'S COMPLAINTS OR SYMPTOMS OF PAIN                                 |
| 7  | CHECK PATIENT'S SENSORY RESPONSES TO TASTE, SMELL                                 |
| 8  | CHECK PATIENT'S RESPONSE TO TOUCH, PRESSURE, TEMPERATURE                          |
| 9  | CHECK BLINK REFLEX  |
| 10 | CHECK SWALLOWING REFLEX   |
| 11 | CHECK ELBOW/KNEE-JERK, I.E. BICEPS/PATELLAR REFLEX                                |
| 12 | CHECK BABINSKI REFLEX   |
| 13 | OBSERVE/DESCRIBE OR REPORT CHARACTERISTICS OF CONVULSIONS/ SEIZURES               |
| 14 | CHECK TEXTURE OF SKIN, E.G. DRY, OILY, SCALY                                      |
| 15 | CHECK SKIN FOR ABNORMAL CONDITIONS, E.G. PRESSURE SORES, BRUISES, NEEDLE MARKS    |
| 16 | EXAMINE FOR PRESENCE OF/OR CONTACT WITH LICE, FLEAS, TICKS, LEACHES               |
| 17 | EXAMINE AND DESCRIBE CHARACTERISTICS OF HIVES, RASHES                             |
| 18 | OBSERVE FOR/REPORT SYMPTOMS OF CELLULITIS   |
| 19 | EXAMINE AND DESCRIBE BURNS, I. E. SOURCE, AREA, DEGREE                            |
| 20 | READ ALLERGY TEST REACTION  |
| 21 | EXAMINE ANIMAL OR HUMAN BITES   |
| 22 | EXAMINE FOR SYMPTOMS OF SNAKE BITES   |
| 23 | PRESCRIBE SYMPTOMATIC TREATMENT FOR SKIN RASHES                                   |
| 24 | PRESCRIBE TREATMENT FOR ACNE  |
| 25 | PRESCRIBE TREATMENT FOR FURUNCLES/CARBUNCLES                                      |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 09 OF RESPONSE BOOKLET
26	PREScribe SYMPTOMATIC TREATMENT FOR ALLERGIC REACTIONS
27	MAKE PRELIMINARY DIAGNOSIS OF FUNGAL SKIN INFECTION
28	PREScribe TREATMENT FOR FUNGAL SKIN INFECTION
29	MAKE PRELIMINARY DIAGNOSIS OF ECZEMA
30	PREScribe TREATMENT FOR ECZEMA
31	MAKE PRELIMINARY DIAGNOSIS OF PSORIASIS
32	PREScribe TREATMENT FOR PSORIASIS
33	EXAMINE FOR SYMPTOMS OF CONTACT DERMITITIS
34	EXAMINE FOR SYMPTOMS OF ATOPIC DERMATITIS
35	MAKE PRELIMINARY DIAGNOSIS OF IMPETIGO
36	PREScribe TREATMENT FOR IMPETIGO
37	MAKE PRELIMINARY DIAGNOSIS OF TOXIC DERMATOSIS
38	PREScribe TREATMENT FOR TOXIC DERMATOSIS
39	GIVE SPECIAL SKIN/DECUBITUS CARE, E.G. APPLY MEDICATION, DRESSINGS, IRRIGATE
40	APPLY TOPICAL MEDICATION TO MUCOSAL TISSUE, E.G. ORAL, EYE, STOMA
41	APPLY TOPICAL SKIN/LIP MEDICATION, E.G. OINTMENT, POWDER
42	TREAT WART WITH CHEMICAL AGENT, E. G. TRICHLORACETIC ACID
43	TRIM PLANTAR WART
44	REMOVE INGROWN NAIL
45	EXTRACT SEBACEOUS MATERIAL FROM COMEDO
46	TRIM CORNS/CALLUSES
47	EXCISE SEBACEOUS CYST/LIPOMA
48	EXCISE POLYP
49	GIVE CARE TO BURN PATIENT, E.G. TURN, DRESSING CHANGE, FORCE FLUIDS
50	INSTRUCT PATIENT IN PREVENTIVE CARE OF FINGER AND TOENAIL ABNORMALITIES



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 10 OF RESPONSE BOOKLET
1	MAKE PRELIMINARY DIAGNOSIS OF GONORRHEA
2	PRESCRIBE TREATMENT FOR GONORRHEA
3	MAKE PRELIMINARY DIAGNOSIS OF SYPHILIS
4	PRESCRIBE TREATMENT FOR SYPHILIS
5	EXPLAIN/ANSWER QUESTIONS ABOUT VENEREAL DISEASE, E.G. PREVENTION, SYMPTOMS
6	INTERVIEW VD PATIENT TO PLAN TREATMENT AND FOLLOW UP OF CONTACTS
7	OBSERVE FOR REPORT OR DESCRIBE VISUAL DISTURBANCES, E.G. BLURRED, DOUBLE, MIRROR, TUNNEL
8	DO VISUAL ACUITY TEST USING SNELLEN CHART
9	DO COLOR VISION TEST
10	DO CENTRAL FIELD VISION TEST
11	DO DEPTH PERCEPTION TEST
12	TEST FIELD OF VISION WITHOUT INSTRUMENT
13	INSERT/REMOVE GLASS EYE/CONTACT LENSES
14	INSTRUCT PATIENT ON CARE AND USE OF CONTACT LENSES
15	MAKE PRELIMINARY DIAGNOSIS OF CONJUNCTIVITIS
16	PRESCRIBE TREATMENT FOR CONJUNCTIVITIS
17	MAKE PRELIMINARY DIAGNOSIS OF IRITIS
18	PRESCRIBE TREATMENT FOR IRITIS
19	PRESCRIBE TREATMENT FOR STYE
20	IRRIGATE LACRIMAL DUCTS
21	IRRIGATE EYES
22	REMOVE FOREIGN BODY FROM CONJUNCTIVAL SAC
23	REMOVE EMBEDDED FOREIGN BODY FROM CORNEA
24	PATCH EYES
25	EXAMINE TYMPANIC MEMBRANE FOR REDNESS, SWELLING



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 10 OF RESPONSE BOOKLET
26	EXAMINE EAR FOR EXCESS WAX
27	OBSERVE FOR/DESCRIBE HEARING DISTURBANCES, E.G. RINGING, HEARING LOSS
28	MAKE PRELIMINARY DIAGNOSIS OF EXTERNAL EAR INFECTION
29	PRESCRIBE TREATMENT FOR EXTERNAL EAR INFECTION
30	MAKE PRELIMINARY DIAGNOSIS OF OTITIS MEDIA
31	PRESCRIBE TREATMENT FOR OTITIS MEDIA
32	MAKE PRELIMINARY DIAGNOSIS OF RUPTURED EAR DRUM
33	PRESCRIBE TREATMENT FOR RUPTURED EAR DRUM
34	REMOVE SUPERFICIAL MATERIAL FROM EAR CANAL
35	REMOVE IMBEDDED FOREIGN BODY FROM EAR CANAL
36	IRRIGATE EARS
37	EXAMINE MUCOUS MEMBRANES OF NOSE/THROAT FOR INFLAMMATION
38	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM EYES/EARS
39	MAKE PRELIMINARY DIAGNOSIS OF TONSILLITIS
40	PRESCRIBE TREATMENT FOR TONSILLITIS
41	OBSERVE FOR/REPORT SYMPTOMS OF SINUS BLOCKAGE
42	MAKE PRELIMINARY DIAGNOSIS OF SINUSITIS
43	PRESCRIBE TREATMENT FOR SINUSITIS
44	MAKE PRELIMINARY DIAGNOSIS OF MUMPS
45	PRESCRIBE TREATMENT FOR MUMPS
46	GIVE THROAT IRRIGATION/GARGLE
47	REMOVE SUPERFICIAL FOREIGN BODY FROM NOSE
48	INSERT ANTERIOR NASAL PACKING
49	SUCTION NASAL/ORAL PASSAGE
50	REMOVE EMBEDDED FOREIGN BODY FROM THROAT



TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 11  
OF RESPONSE BOOKLET

- 1 REMOVE SUPERFICIAL FOREIGN BODY FROM THROAT
- 2 ADMINISTER MEDICATION TO EYE/EAR/NOSE
- 3 PERFORM ROUTINE DENTAL EXAMINATION USING MOUTH MIRROR AND EXPLORER
- 4 OBSERVE FOR/REPORT SYMPTOMS OF GINGIVAL EROSION OF TEETH
- 5 OBSERVE FOR/REPORT SYMPTOMS OF GINGIVAL ABRASION
- 6 MAKE PRELIMINARY DIAGNOSIS OF GINGIVITIS (TRENCH MOUTH, VINCENT'S)
- 7 PRESCRIBE TREATMENT FOR GINGIVITIS (TRENCH MOUTH, VINCENT'S)
- 8 GIVE ANTISEPTIC IRRIGATION, E.G. FOR GINGIVITIS, VINCENT'S DISEASE
- 9 MAKE PRELIMINARY DIAGNOSIS OF PERICORONITIS
- 10 PRESCRIBE TREATMENT FOR PERICORONITIS
- 11 IRRIGATE AND INSERT PERICORONITIS DRAIN
- 12 OBSERVE FOR/REPORT SYMPTOMS OF DENTURE IRRITATION
- 13 PRESCRIBE TREATMENT FOR DENTURE IRRITATION
- 14 OBSERVE FOR/REPORT SYMPTOMS/SIGNS OF SKELETAL DISLOCATION
- 15 MAKE PRELIMINARY DIAGNOSIS OF PERIODONTAL ABSCESS
- 16 PRESCRIBE TREATMENT FOR PERIODONTAL ABSCESS
- 17 ESTABLISH DRAINAGE IN PERIODONTAL CYST/ABSCESS
- 18 OBSERVE FOR/REPORT SYMPTOMS OF CARIES, SIMPLE AND ADVANCED
- 19 EXCAVATE DENTAL CARIES USING HAND INSTRUMENTS
- 20 INSERT TEMPORARY SEDATIVE FILLING IN CARIOUS TOOTH
- 21 FLUSH OUT/DRY CAVITY PREPARATION
- 22 EXTRACT TOOTH
- 23 PRESCRIBE TREATMENT FOR SEQUESTRA
- 24 REPORT ABNORMAL TISSUE CONDITIONS TO DENTIST
- 25 IRRIGATE AND PACK DRY SOCKET



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 11 OF RESPONSE BOOKLET
----------	--

- |    |   |
|----|---|
| 26 | EXAMINE FOR/REPORT SYMPTOMS OF ORAL ABSCESS               |
| 27 | PRESCRIBE TREATMENT FOR ORAL ULCER                        |
| 28 | MAKE PRELIMINARY DIAGNOSIS OF PERIAPICAL ABSCESS          |
| 29 | PRESCRIBE TREATMENT FOR PERIAPICAL ABSCESS                |
| 30 | ESTABLISH DRAINAGE IN PERIAPICAL ABSCESS                  |
| 31 | CONTROL MINOR BLEEDING, E.G. AFTER EXTRACTION OR INCISION |
| 32 | IRRIGATE MOUTH/ORAL CAVITY                                |
| 33 | APPLY TEMPORARY SEDATIVE CROWN (CAP) TO FRACTURED TOOTH   |
| 34 | REDUCE SHARP EDGES OF FRACTURED TOOTH                     |
| 35 | APPLY TEMPORARY SPLINT TO FRACTURED TOOTH                 |
| 36 | DESENSITIZE ERODED AREAS OF TEETH                         |
| 37 | REDUCE DISLOCATED MANDIBLE                                |
| 38 | MAKE PRELIMINARY DIAGNOSIS OF STOMATITIS                  |
| 39 | PRESCRIBE TREATMENT FOR STOMATITIS                        |
| 40 | MAKE PRELIMINARY DIAGNOSIS OF CHEILOSIS                   |
| 41 | PRESCRIBE TREATMENT FOR CHEILOSIS                         |
| 42 | MAKE PRELIMINARY DIAGNOSIS OF PULPITIS                    |
| 43 | PRESCRIBE TREATMENT FOR PULPITIS                          |
| 44 | MAKE PRELIMINARY DIAGNOSIS OF HERPES LABIALIS             |
| 45 | PRESCRIBE TREATMENT FOR HERPES LABIALIS                   |
| 46 | APPLY DEHYDRATING AGENT TO HERPES LABIALIS                |
| 47 | ADMINISTER SUBLINGUAL/BUCCAL MEDICATION                   |
| 48 | OBSERVE PATIENT'S SLEEPING PATTERNS                       |
| 49 | PRESCRIBE SYMPTOMATIC TREATMENT FOR INSOMNIA              |
| 50 | OBSERVE FOR/REPORT SYMPTOMS OF INEBRIATION (DRUNKENNESS)  |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 12 OF RESPONSE BOOKLET
----------	---

- |    |  |
|----|--|
| 1  | OBSERVE FOR/REPORT SYMPTOMS OF HANGOVERS   |
| 2  | PRESCRIBE SYMPTOMATIC TREATMENT FOR HANGOVERS  |
| 3  | OBSERVE FOR/REPORT SYMPTOMS OF DELIRIUM TREMENS  |
| 4  | OBSERVE PATIENT'S GENERAL EMOTIONAL CONDITION, E.G. FACIAL AND EYE EXPRESSIONS, QUALITY OF VOICE |
| 5  | OBSERVE PATIENT'S GENERAL APPEARANCE, E.G. DRESS, GROOMING                                       |
| 6  | OBSERVE FOR/REPORT PATIENT'S LEVEL OF PHYSICAL ACTIVITY, E.G. LETHARGY, HYPERACTIVITY            |
| 7  | OBSERVE/RECORD PATIENT'S PHYSICAL/EMOTIONAL RESPONSE TO TREATMENT/DIAGNOSTIC PROCEDURES          |
| 8  | OBSERVE PATIENT'S GENERAL MENTAL ATTITUDE  |
| 9  | OBSERVE PATIENT'S ORIENTATION TO TIME, PLACE, PERSON   |
| 10 | OBSERVE PATIENT'S ABILITY TO RECEIVE OR EXPRESS SPOKEN, WRITTEN OR PRINTED COMMUNICATION         |
| 11 | OBSERVE FOR/REPORT OR DESCRIBE SYMPTOMS OF IRRITABILITY, RESTLESSNESS, APPREHENSION              |
| 12 | IDENTIFY PATIENT'S PSYCHOLOGICAL NEEDS AND/OR PROBLEMS, E.G. AFFECTION, RECOGNITION              |
| 13 | ASSESS PATIENT'S MOOD  |
| 14 | OBSERVE PATIENT FOR BEHAVIORAL CHANGES   |
| 15 | OBSERVE PATIENT'S BEHAVIOR PATTERNS  |
| 16 | DETERMINE PATIENT'S PATTERN OF INTERACTION WITH OTHERS   |
| 17 | IDENTIFY FACTORS THAT INFLUENCE PATIENT'S PSYCHOLOGICAL STATE                                    |
| 18 | ASSESS CONTENT OF PATIENT'S VERBAL COMMUNICATION   |
| 19 | ASSESS PATIENT'S LEVEL OF ANXIETY  |
| 20 | ASSESS PATIENT'S DEGREE OF DEPRESSION  |
| 21 | WATCH/GUARD PATIENT WHO IS ON PRECAUTION, E.G. ESCAPE  |
| 22 | OBSERVE PATIENT FOR PECULIAR/ABNORMAL BEHAVIOR, E.G. POSTURING, RITUALISM, INAPPROPRIATE AFFECT  |
| 23 | IDENTIFY/DESCRIBE MANIFESTATIONS OF LOSS OF CONTACT WITH REALITY, E.G. HALLUCINATIONS, DELUSIONS |
| 24 | OBSERVE PATIENT FOR NEUROTIC BEHAVIOR  |
| 25 | OBSERVE PATIENT FOR CHARACTER DISORDER BEHAVIOR  |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 12 OF RESPONSE BOOKLET
26	IDENTIFY FACTORS THAT MAY CONTRIBUTE TO AN ACTING-OUT EPISODE
27	OBSERVE FOR/REPORT TENDENCIES TOWARD SUICIDAL BEHAVIOR
28	OBSERVE FOR/REPORT SYMPTOMS OF DRUG ABUSE, E.G. ACID, SPEED
29	OBSERVE FOR/REPORT SYMPTOMS OF DRUG DEPENDENCY, E.G. FREQUENT REQUEST FOR PAIN MEDICATION
30	OBSERVE FOR PATIENT'S NEED TO VENTILATE FEELINGS
31	ASSIST PATIENT TO EXPRESS FEELINGS
32	ASSIST PATIENT IN HANDLING HIS FEELINGS, E.G. ELATION, DEPRESSION, ANGER
33	DISCUSS PATIENT'S BEHAVIOR WITH PATIENT
34	INTERVIEW/COUNSEL/ADVISE STAFF
35	LISTEN TO PATIENT/FAMILY DISCUSS THEIR PERSONAL PROBLEMS
36	COUNSEL PERSONNEL ON REENLISTMENT/REENLISTMENT PROGRAMS
37	RECOMMEND PSYCHOLOGICAL APPROACH TO USE WITH PATIENT
38	COUNSEL/ADVISE/GUIDE PERSONNEL TOWARD ADVANCEMENT
39	COUNSEL TRAINEES REGARDING FIRST TOUR ASSIGNMENT
40	
41	PROVIDE MEDICAL CONSULTATION IN PLANNING DEEP SEA DIVER OPERATIONS
42	MIX AND ANALYZE BREATHING GASES (HELIUM/OXYGEN/NITROGEN) FOR DEEP SEA DIVER'S USE
43	MONITOR OXYGEN/CARBON DIOXIDE CONTENT IN SUBMARINE
44	TEST FOR TOXIC MATERIALS IN PAINTED SURFACES
45	TEST FOR CARBON MONOXIDE IN CLOSED SPACES, E.G. COCKPITS
46	TEST FOR WELDING GASES IN INDUSTRIAL AREAS
47	TEST FOR DIESEL/GAS FUMES POLLUTION OF AIR
48	CHECK TOXIC POTENTIAL OF CLEANING AGENTS USED IN CLOSED SPACES
49	RECOMMEND PROCEDURES OR IMPROVEMENTS FOR CONTROL OF AIR POLLUTANTS, E.G. DUST, FUMES
50	RECOMMEND PROCEDURES OR IMPROVEMENTS FOR CONTROL OF NOISE



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 13 OF RESPONSE BOOKLET
----------	---

- |    |  |
|----|--|
| 1  | TAKE RELATIVE HUMIDITY READINGS  |
| 2  | TAKE MEASUREMENT READINGS OF AIR AND WIND MOVEMENT   |
| 3  | CHECK DIVERS AIR SUPPLY  |
| 4  | INSPECT BREATHING MASKS (OXYGEN OR GAS) FOR MALFUNCTION                                      |
| 5  | INSPECT OXYGEN SYSTEMS FOR DAMAGE OR MALFUNCTION   |
| 6  | INSPECT HYPER/HYPOBARIC CHAMBER ELECTRICAL AND OXYGEN SYSTEMS FOR FIRE HAZARDS               |
| 7  | CONDUCT ACCEPTANCE TESTS ON CHAMBER FOLLOWING REPAIR/OVERHAUL                                |
| 8  | SCREEN FOR ARTICLES FORBIDDEN IN HYPOBARIC/HYPERBARIC CHAMBER                                |
| 9  | CHECK COMPRESSED GAS TANKS FOR LEAK, E.G. OXYGEN   |
| 10 | INSTRUCT ON MEDICAL ASPECTS OF ATMOSPHERIC CONTROL IN CLOSED SPACES, E.G. SUBMARINES         |
| 11 | INSTRUCT ON SUBMARINE PERSONNEL ESCAPE PROCEDURES  |
| 12 | INSTRUCT REFRESHER COURSE ON MEDICAL ASPECTS OF SCUBA DIVING                                 |
| 13 | TRAIN NON-MEDICAL PERSONNEL TO OPERATE AND MAN DECOMPRESSION CHAMBERS                        |
| 14 | CONDUCT PRACTICE TRIALS ON USE OF SUBMARINE ESCAPE TRUNK FOR DECOMPRESSION TREATMENT CHAMBER |
| 15 | CONDUCT DIVERS' AND SUBMARINE PERSONNEL QUALIFICATION CHAMBER RUNS                           |
| 16 | PERFORM TRAINING DRILL FOR RECOVERY AND TREATMENT OF DIVING CASUALTY                         |
| 17 | OBSERVE FOR EAR SQUEEZE  |
| 18 | OBSERVE FOR CLAUSTRAPHOBIC REACTION IN CHAMBER   |
| 19 | TREAT DECOMPRESSION PROBLEMS USING SUBMARINE ESCAPE TRUNK/LOCK                               |
| 20 | ADMINISTER COMPRESSION/RECOMPRESSION TREATMENT IN CHAMBER                                    |
| 21 | RECOMPRESS PERSONNEL IN WATER  |
| 22 | GIVE EMERGENCY TREATMENT/FIRST AID FOR DIVER'S BENDS   |
| 23 | GIVE EMERGENCY TREATMENT/FIRST AID FOR AIR EMBOLISM  |
| 24 | CLEAR EAR BLOCKS USING AIR PRESSURE/WATER  |
| 25 | MAINTAIN LOG OF HYPO/HYPERBARIC CHAMBER OPERATIONS   |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 13 OF RESPONSE BOOKLET
----------	--

- |    |   |
|----|---|
| 26 | CONVERT MEDICATION DOSAGE FROM CC TO MINIMS, GRAINS TO GRAM                                   |
| 27 | CONVERT COMMON WEIGHTS AND MEASURES FROM ONE SYSTEM TO ANOTHER, E.G. CC TO TSP, LBS TO KG     |
| 28 | CONVERT PRESCRIBED DOSE INTO UNITS OF ADMINISTRATION, E.G. NUMBER OF CC, TABLETS              |
| 29 | POUR/DRAW UP MEDICATIONS OTHER THAN NARCOTICS AND CONTROLLED DRUGS                            |
| 30 | POUR/DRAW UP NARCOTICS AND CONTROLLED DRUGS   |
| 31 | PREPARE LOCAL ANESTHETIC SOLUTIONS FOR USE  |
| 32 | PREPARE ISOTONIC SOLUTIONS  |
| 33 | COMPOUND OINTMENTS  |
| 34 | DILUTE OR MIX POWDERED MEDICATIONS  |
| 35 | CHECK DRUGS FOR VISIBLE CONTAMINATION/DETERIORATION, E.G. CLOUDINESS, COLOR CHANGE            |
| 36 | COMPOUND ANTIDOTES  |
| 37 | MANUFACTURE 70% ALCOHOL   |
| 38 | LABEL MULTIPLE DOSE VIALS WITH DATE AND CONCENTRATION   |
| 39 | FILL CONTROLLED DRUGS/ALCOHOL PRESCRIPTION  |
| 40 | FILL NARCOTICS PRESCRIPTION   |
| 41 | FILL PATIENT PRESCRIPTIONS  |
| 42 | ISSUE FILLED PRESCRIPTIONS  |
| 43 | ISSUE NON-PRESCRIPTION MEDICATIONS E.G. ASPIRIN   |
| 44 | ISSUE PRESCRIBED MEDICATIONS TO PATIENTS ON LIBERTY/LEAVE                                     |
| 45 | PREPARE MEDICATIONS AND RECORDS FOR PATIENT IN FLIGHT   |
| 46 | CHECK PRESCRIPTIONS FOR COMPLETENESS, E.G. DRUG, DOSE, FORM, SIG., PRESCRIBER ID              |
| 47 | CHECK PRESCRIPTIONS FOR INCOMPATIBILITY/IDIOSYNCRACIES OF CONCURRENTLY PRESCRIBED MEDICATIONS |
| 48 | CHECK PRESCRIPTIONS FOR ACCURACY OF CALCULATIONS  |
| 49 | CHECK PRESCRIPTIONS FOR OVERDOSAGE  |
| 50 | CHECK ORDERED MEDICATIONS FOR OVER DOSAGE AND CONTRAINDICATIONS                               |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 14 OF RESPONSE BOOKLET
1	CHECK ORDERED MEDICATION AGAINST LIST OF RECALLED (UNSAFE) DRUGS
2	NOTIFY DOCTOR OF ERRORS IN PRESCRIPTION
3	TRANSLATE/TRANSFER/TYPE PRESCRIPTION INFORMATION ON LABEL
4	PREPARE SUMMARY OF PRESCRIPTIONS FILLED FOR INPATIENTS AND OUTPATIENTS
5	SET UP PRESCRIPTION FILES
6	FILE PRESCRIPTIONS
7	FILE PRESCRIPTION FORMS
8	WRITE PRESCRIPTION RENEWALS FOR DOCTOR'S SIGNATURE
9	CHECK REQUISITIONS AGAINST DRUG ISSUES
10	READ/USE PHARMACEUTICAL MANUALS, FORMULARY, PDR
11	DETERMINE SIMILARITIES BETWEEN PHARMACEUTICAL TRADE NAMES AND GENERIC NAMES
12	INTERPRET FORMULA/DIRECTIONS FOR COMPOUNDING PHARMACEUTICALS
13	PREPARE AND MAINTAIN ANTIDOTE SECTION/LOCKER
14	SAFEGUARD POISONS
15	DETERMINE COMPATIBILITIES OF I.V. SOLUTIONS AND ADDITIVES
16	HAVE PATIENT COMPLETE DRUG HISTORY QUESTIONNAIRE
17	ANSWER PATIENT INQUIRIES REGARDING NONPRESCRIPTION DRUGS
18	EXPLAIN/ANSWER PATIENT/FAMILY QUESTIONS ABOUT MEDICATIONS, E.G. PURPOSE, DOSE, SCHEDULE
19	TEACH PATIENT/FAMILY SIDE EFFECTS OF MEDICATION, E.G. DROWSINESS, URINE DISCOLORATION
20	TEACH PATIENT MEDICATION STORAGE REQUIREMENTS, E.G. REFRIGERATION, EXPIRATION DATE
21	TEACH PATIENT SELF-ADMINISTRATION OF MEDICATIONS (OTHER THAN INJECTIONS)
22	ANSWER INQUIRIES REGARDING DRUG REACTION
23	INFORM PATIENT/FAMILY OF SYMPTOMS OF INTOLERANCE/OVERDOSE TO MEDICATION, E.G. BLEEDING GUMS, COMA
24	ANSWER PERSONNEL INQUIRIES REGARDING MIXING/ADMINISTERING DRUGS
25	PROVIDE INFORMATION ON SYMPTOMS/TREATMENT OF DRUG TOXICITY



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 14 OF RESPONSE BOOKLET
26	RECEIVE AND LOG INCOMING PHARMACEUTICALS IN BULK
27	VERIFY/SIGN OFF ON DRUGS THAT ARE DELIVERED TO THE PHARMACY
28	UPDATE NARCOTIC LEDGER
29	MAINTAIN INVENTORY OF PRECIOUS METALS/NARCOTICS
30	PREPARE PRECIOUS METAL/NARCOTIC INVENTORY REPORT
31	PREPARE SUMMARIES OF NARCOTIC/CONTROLLED DRUG/ALCOHOL ISSUES
32	SIGN FOR NARCOTICS AND RESTRICTED DRUGS
33	RECORD DRUG WASTAGE
34	DO FORMAL INVENTORY OF NARCOTICS AND CONTROLLED DRUGS
35	DO AN INVENTORY OF DRUGS OTHER THAN NARCOTICS AND CONTROLLED DRUGS
36	CHECK/COUNT NARCOTICS/CONTROLLED DRUGS
37	MAKE ENTRIES INTO CONTROLLED DRUG/ALCOHOL LOG
38	MAKE ENTRIES ON NAVMED 6710/1 (NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD)
39	MAINTAIN/ACCOUNT FOR BULK ALCOHOL
40	ASSIST IN PRECIOUS METALS/NARCOTICS INVENTORY
41	ROTATE PHARMACEUTICAL STOCKS TO INSURE FRESHNESS AND POTENCY
42	PACKAGE/PREPARE PHARMACEUTICALS FOR SHIPMENT
43	PREPARE/CHECK PACKING LIST OF PHARMACEUTICALS TO MANUFACTURER
44	CHECK DRUGS FOR SUPPLY NEEDS
45	CALCULATE FUTURE DRUG SUPPLY REQUIREMENTS FOR THE PHARMACY
46	ORDER DRUGS LISTED IN FEDERAL SUPPLY CATALOGUE
47	PREPARE STORAGE FOR SUPPLY OF NARCOTICS/CONTROLLED DRUGS
48	CLASSIFY AND STORE DRUGS
49	DETERMINE EXPIRATION DATE OF LOCALLY COMPOUNDED PHARMACEUTICALS
50	MONITOR EXPIRATION DATED PHARMACEUTICALS



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 15 OF RESPONSE BOOKLET
1	DETERMINE WHETHER TO DESTROY OR TO RETURN PHARMACEUTICALS TO MANUFACTURER
2	DISPOSE OF MEDICATIONS PREPARED BUT NOT ADMINISTERED
3	ASK/INSTRUCT PATIENT TO COLLECT SPECIMEN
4	CHECK WITH PATIENT TO ENSURE THAT HE HAS COLLECTED SPECIMEN AS INSTRUCTED
5	STRAIN URINE
6	CHECK SPECIFIC GRAVITY OF URINE
7	CHECK URINE PH BY PAPER STRIP/DIP STIK
8	CHECK URINE SUGAR BY DIP STIK/CLINITEST
9	CHECK URINE PROTEIN BY DIP STIK
10	EXAMINE URETHRAL SMEARS FOR GONOCOCCUS
11	COLLECT BLOOD BY VENIPUNCTURE
12	COLLECT CAPILLARY BLOOD SAMPLE, I.E. FROM FINGER TIP, TOE OR EAR LOBE
13	MEASURE BLOOD GLUCOSE LEVEL BY DEXTROSTIK
14	TEST FOR OCCULT BLOOD USING CHEMICAL SOLUTION E.G. GUAIAC
15	TEST FOR OCCULT BLOOD USING HEMATEST TABLETS
16	TAKE NASAL/EAR/THROAT SPECIMEN BY STERILE SWAB
17	TAKE WOUND SPECIMEN FROM PATIENT
18	TAKE PUS SPECIMEN FROM PATIENT
19	GIVE TUBERCULIN PPD TEST
20	GIVE TUBERCULIN MANTOUX TEST
21	GIVE TUBERCULIN TINE TEST
22	READ TUBERCULIN TEST REACTION
23	PREPARE ROUTINE STAINS
24	CONVERT CENTIGRADE TEMPERATURE TO FAHRENHEIT OR VICE VERSA
25	LOOK UP NORMAL VALUES FOR LABORATORY TESTS FROM REFERENCE TABLE/BOOK



---

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 15 OF RESPONSE BOOKLET
----------	---

---

- |    |  |
|----|--|
| 26 | PREPARE SMEARS FOR MICROSCOPIC ANALYSIS                                      |
| 27 | DETERMINE IF FOOD IS FIT/UNFIT FOR HUMAN CONSUMPTION                         |
| 28 | INVESTIGATE/DETERMINE CAUSES OF FOOD POISONING                               |
| 29 | INSPECT KITCHENS FOR CLEANLINESS   |
| 30 | INSPECT COFFEE MESS/DINING ROOM  |
| 31 | INSPECT CIVILIAN EMPLOYEE MESSING AREAS                                      |
| 32 | INSPECT FOOD FOR PEST INFESTATION  |
| 33 | INSPECT FOOD HANDLERS FOR PERSONAL HYGIENE                                   |
| 34 | REVIEW HISTORIES AND PHYSICALS OF PERSONNEL RECOMMENDED FOR<br>GALLEY DUTY   |
| 35 | REVIEW AND EVALUATE FOOD HANDLERS MEDICAL EXAMINATIONS                       |
| 36 | ENSURE THAT EVERY FOOD HANDLER HAS REQUIRED MEDICAL EXAMINATIONS             |
| 37 | CHECK FOOD IN REFRIGERATORS/MEAL TRAYS FOR FRESHNESS                         |
| 38 | INSPECT FOOD STORAGE FACILITIES FOR REQUIRED TEMPERATURE CONTROL             |
| 39 | INSPECT FOOD STORAGE FACILITIES FOR SANITATION                               |
| 40 | INSPECT FOOD SUPPLIERS STORAGE FACILITIES FOR PEST CONTROL                   |
| 41 | TAKE FOOD/WATER SAMPLE FOR BACTERIAL/PARASITE TESTING                        |
| 42 | CONDUCT/SUPERVISE TREATMENT OF LARVAE INFESTED WATER AREAS                   |
| 43 | DETERMINE CHLORINE CONTENT OF POTABLE WATER                                  |
| 44 | INSPECT WATER TREATMENT PLANT PROCEDURES                                     |
| 45 | INSPECT DISHWASHING PROCEDURES   |
| 46 | INSPECT WATER HAULING EQUIPMENT  |
| 47 | DETERMINE WHETHER WATER IS SAFE FOR DRINKING                                 |
| 48 | PROVIDE ADVICE ON CONSTRUCTION OF WATER PURIFICATION SYSTEM                  |
| 49 | DETERMINE CAUSE AND RECOMMEND CORRECTION OF INCOMPLETE WATER<br>PURIFICATION |
| 50 | PRODUCE DRINKING WATER BY DISTILLATION                                       |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 16 OF RESPONSE BOOKLET
----------	---

- |    |   |
|----|---|
| 1  | DO CHLORINATION OF DRINKING WATER   |
| 2  | TREAT FRESH FRUITS AND VEGETABLES SUSPECTED OF BACTERIAL/<br>PARASITE CONTAMINATION |
| 3  | PROVIDE ADVICE ON FOOD EDIBILITY/WATER POTABILITY                                   |
| 4  | INSPECT SPACES FOR RODENT INFESTATION   |
| 5  | CONDUCT SURVEYS OF SHIPBOARD DISEASE VECTORS  |
| 6  | CONDUCT SHIP DERATIZATION INSPECTIONS   |
| 7  | CONDUCT SHIP DERATIZATION EXEMPTION INSPECTION                                      |
| 8  | INSPECT AND CERTIFY RETROGRADE CARGO  |
| 9  | IDENTIFY PARASITIC AND DISEASE CARRYING ARTHROPODS                                  |
| 10 | SPRAY INFESTED AREAS  |
| 11 | DO ROACH/ANT/KITCHEN PEST EXTERMINATION   |
| 12 | ISSUE/DISTRIBUTE INSECTICIDES/PESTICIDES  |
| 13 | PROVIDE ADVICE ON VECTOR/RODENT CONTROL   |
| 14 | NOTIFY HEALTH AUTHORITIES OF ANIMAL BITE INCIDENTS                                  |
| 15 | INVESTIGATE/DETERMINE CAUSES OF OUTBREAK OF EPIDEMIC DISEASES                       |
| 16 | INVESTIGATE/DETERMINE CAUSES OF CONTACT DERMATITIS                                  |
| 17 | DETERMINE AND CONTROL SOURCES OF BACTERIAL CONTAMINATION                            |
| 18 | REVIEW AND EVALUATE BACTERIAL DECONTAMINATION PROCEDURES                            |
| 19 | DO VD CHECK ON PERSONNEL  |
| 20 | DO QUARANTINE INSPECTION OF VESSELS   |
| 21 | FOLLOW UP TB TEST CONVERTERS (NEGATIVE TO POSITIVE TUBERCULIN)                      |
| 22 | RECOMMEND ACTION TO BE TAKEN ON SUSPECTED EPIDEMIOLOGICAL<br>PROBLEM                |
| 23 | DO FOLLOW UP ON PERSONNEL WITH REPORTED ACTIVE CASE OF<br>COMMUNICABLE DISEASE      |
| 24 | DO FOLLOW-UP ON PERSONNEL WITH HISTORY OF COMMUNICABLE DISEASE                      |
| 25 | ENFORCE COMMUNICABLE DISEASE PROPHYLAXIS PROGRAM, E.G. MALARIA                      |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 16 OF RESPONSE BOOKLET
26	INSPECT BERTHING AREAS
27	INSPECT WORKING AREAS TO ENSURE THEY MEET SANITARY STANDARDS
28	INSPECT GARBAGE DISPOSAL OPERATIONS
29	INSPECT TRASH AND GARBAGE DISPOSAL FACILITIES
30	SPECIFY TREATMENT OF GARBAGE FOR DISPOSAL
31	INSPECT SEWAGE DISPOSAL SYSTEMS
32	INSPECT SEWAGE DISPOSAL/TREATMENT OPERATIONS
33	PROVIDE ADVICE ON DISPOSAL OF HUMAN EXCRETA
34	INSPECT TOILETS AND WASHROOMS
35	INSPECT BARBER SHOP
36	INSPECT RECREATIONAL FACILITIES FOR HYGIENIC CONDITIONS
37	PROVIDE ADVICE ON SHIPBOARD HYGIENE AND SANITATION
38	PROVIDE ADVICE ON CONSTRUCTION OF SEWAGE TREATMENT SYSTEM FOR SHIPBOARD USE
39	DO PERIODIC MECHANICAL SAFETY CHECKS ON POWER OPERATED EQUIPMENT
40	ENSURE THAT SAFE INDUSTRIAL PRACTICES ARE ADHERED TO, E.G. USE OF PROTECTIVE EYE GLASSES
41	CONDUCT SURVEYS ON MISUSE OF TOXIC MATERIALS
42	REQUEST SPECIFIC LAB TEST/PHYSICALS FOR PERSONNEL EXPOSED TO TOXIC GASES/FUMES
43	PROVIDE ADVICE ON SAFETY EQUIPMENT IMPROVEMENTS
44	PERFORM ROUTINE SAFETY INSPECTIONS
45	INVESTIGATE CAUSE OF OCCUPATIONAL ACCIDENTS
46	CONDUCT SHIP EXERCISES TO DETERMINE SAFETY READINESS OF FLEET
47	INSPECT FOR USE OF PROTECTIVE CLOTHING IN OCCUPATIONALLY HAZARDOUS AREAS
48	INSPECT FOR HEALTH HAZARDS IN CONFINED AREAS, E.G. TANKS
49	ENFORCE ACCIDENT PREVENTION MEASURES
50	INSPECT FIRE EQUIPMENT



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 17 OF RESPONSE BOOKLET
1	SPECIFY PREVENTIVE MEASURE FOR EFFECTS OF COLD WEATHER
2	SPECIFY PREVENTIVE MEASURES FOR EFFECTS OF HOT WEATHER
3	SPECIFY CLOTHING REQUIRED FOR PROTECTION FROM EQUIPMENT AND ENVIRONMENTAL HAZARDS
4	ADJUST HEATING/VENTILATION ACCORDING TO WEATHER CONDITIONS
5	COORDINATE CLASS SCHEDULES WITHIN COMMAND
6	DESIGN TRAINING AIDS, ILLUSTRATIONS, GRAPHICS
7	EVALUATE INSTRUCTIONAL MATERIAL FOR CONTENT
8	SELECT NEW MATERIALS/ADVANCED KNOWLEDGE FOR TEACHING PURPOSES
9	WRITE DETAILED TRAINING SYLLABUS
10	WRITE LESSON PLANS
11	DESIGN IN-SERVICE TRAINING COURSES
12	SCHEDULE LECTURES
13	TEACH FORMAL CLASSES
14	ADMINISTER EXAMINATIONS
15	ORIENT TRAINEES/STUDENTS TO PROGRAM, I.E. OBJECTIVES OF PROGRAM, CLASS SCHEDULE
16	INSTRUCT ON NON-PROFESSIONAL SUBJECTS
17	TEACH FAMILY PLANNING CLASSES
18	GIVE FIRST AID INSTRUCTION
19	INSTRUCT PERSONNEL ON ACTION TO BE TAKEN FOLLOWING ANIMAL/INSECT BITE
20	INSTRUCT/DIRECT PERSONNEL IN MAINTAINING SECURITY STANDARDS
21	TEACH VALSALVA TECHNIQUE WITH/WITHOUT OXYGEN
22	INSTRUCT PERSONNEL ON PEST CONTROL PROCEDURES
23	TEACH PERSONNEL USE AND HANDLING OF PESTICIDES
24	INSTRUCT FOOD SERVICE PERSONNEL ON FOOD SANITATION AND HYGIENE
25	TRAIN NON-MEDICAL PERSONNEL IN TREATMENT AND SAMPLING OF SHIPBOARD SEWERAGE



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 17 OF RESPONSE BOOKLET
26	INSTRUCT ON PERSONAL HYGIENE
27	LECTURE/ORIENT PERSONNEL ON VD AND OTHER SOCIAL DISEASES
28	EXPLAIN PREVENTIVE/CORRECTIVE MEASURES FOR DERMATITIS
29	LECTURE/ORIENT PERSONNEL ON ALCOHOL AND DRUG ABUSE
30	LECTURE/ORIENT PERSONNEL ON DENTAL CARE AND HYGIENE
31	TEACH PATIENT SELF-CARE PREVENTIVE DENTISTRY MEASURES, E.G. USE OF TOOTHBRUSH, WATER PIC
32	CONDUCT MALARIA DISCIPLINE TRAINING
33	GIVE CBR/NBC INSTRUCTION
34	PERFORM SIMULATED RADIOACTIVE DECONTAMINATION OF PERSONNEL
35	SUPERVISE HANDLING OF CONTAMINATED CASUALTIES FROM SIMULATED NUCLEAR ACCIDENTS/SPILLS
36	SUPERVISE DECONTAMINATION OF PERSONNEL FROM SIMULATED NUCLEAR ACCIDENTS/SPILLS
37	SERVE AS CASUALTY CARE COORDINATOR
38	DETERMINE EQUIPMENT/SUPPLIES FOR EMERGENCIES/EXERCISES
39	MAINTAIN UNIT/WARD/SECTION FIRST AID AND EMERGENCY EQUIPMENT
40	DETERMINE NEED FOR EMERGENCY EQUIPMENT/MEDICATION FOR POSSIBLE PATIENT USE
41	PLAN/CONDUCT MASS CASUALTY SIMULATION
42	PARTICIPATE IN MASS CASUALTY SIMULATION
43	EVALUATE MASS CASUALTY SIMULATION
44	EVALUATE MEDICAL FIELD EXERCISES/DRILLS
45	DETERMINE CORRECT NUMBER OF TABLES/STRETCHERS FOR PATIENTS
46	SUPERVISE DISASTER CONTROL PROGRAM
47	ORGANIZE/PREPARE A MINOR CASUALTY PLAN
48	ORGANIZE/PREPARE A MASS CASUALTY PLAN
49	PROCESS/DISSEMINATE NBC INFORMATION
50	REVIEW DEFENSIVE MEASURES AGAINST NBC EFFECTS



TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 18  
OF RESPONSE BOOKLET

- 1 INSPECT WARD FACILITIES FOR PROTECTION AGAINST RADIATION HAZARD
- 2 MONITOR ATMOSPHERE FOR SCATTERED RADIATION
- 3 PERFORM RADIOACTIVE DECONTAMINATION OF EQUIPMENT/SPACES
- 4 DECONTAMINATE PERSONNEL SUBJECTED TO ABNORMAL INTERNAL RADIATION EXPOSURE
- 5 DECONTAMINATE PERSONNEL SUBJECTED TO ABNORMAL EXTERNAL RADIATION EXPOSURE
- 6 SUPERVISE HANDLING OF CONTAMINATED CASUALTIES FROM NUCLEAR ACCIDENTS/SPILLS
- 7 SUPERVISE DECONTAMINATION OF GROSSLY CONTAMINATED PERSONNEL FROM NUCLEAR ACCIDENTS/SPILLS
- 8 RECOMMEND PROCEDURE CHANGES TO IMPROVE RADIATION SAFETY
- 9 ADVISE PERSONNEL/PATIENT ON ROUTINE RADIATION SAFETY PRECAUTIONS
- 10 DO RADIATION AREA SURVEYS USING PORTABLE MONITORING DEVICES
- 11 COLLECT PERSONNEL MONITORING DEVICES FOR PROCESSING
- 12 MAINTAIN LOCATIONS OF OPERATIONAL RADIATION MONITORING EQUIPMENT
- 13 ISSUE PERSONNEL MONITORING DEVICES, E.G. POCKET DOSIMETER, FILM BADGE
- 14 MAINTAIN INVENTORIES OF RADIATION MONITORING EQUIPMENT RESERVED FOR DISASTER CONTROL
- 15 PREPARE REQUESTS FOR PERSONNEL RADIATION EXPOSURE HISTORY
- 16 PREPARE EVALUATION REPORTS OF PERSONNEL RADIATION MONITORING DEVICES
- 17 REQUEST SPECIFIC LAB TEST/PHYSICALS FOR PERSONNEL EXPOSED TO IONIZING RADIATION
- 18 CALIBRATE SAFETY RECORDING INSTRUMENTS, E.G. DOSIMETERS
- 19 INVESTIGATE CASES OR REPORTS OF OVEREXPOSURES TO RADIATION
- 20 REVIEW RADIATION EXPOSURE REPORTS
- 21 MAINTAIN PHOTODOSIMETRY LOGS
- 22 MAINTAIN RADIATION EXPOSURE FILM FILES
- 23 LOG PERSONNEL EXPOSURES ON DD1141
- 24 PREPARE NAVMED 1432 A,B,C (PHOTODOSIMETRY/RADIATION)
- 25 MAINTAIN FILES OF PERSONNEL WHO ARE INCIDENTALLY EXPOSED TO RADIATION



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 18 OF RESPONSE BOOKLET
26	PROCESS BETA, GAMMA AND/OR NEUTRON FILMS
27	INSPECT PHOTODOSIMETRY FILM PRIOR TO ISSUE
28	PREPARE PHOTODOSIMETRY FILM FOR SUBMISSION TO PROCESSING ACTIVITY
29	DO PHOTODOSIMETRIC CHECK FILM PROCESS
30	PLAN MEDICAL DEPARTMENT RESPONSE IN EVENT OF NUCLEAR ACCIDENT
31	REQUEST AEC LICENSE AMENDMENTS
32	MAINTAIN LOG OF RADIOISOTOPE STUDIES
33	PREPARE INTERCOMMAND REPORTS OF PERSONNEL EXPOSURE - VISITORS AND TRANSFERRED PERSONNEL
34	ADVISE COMMAND ON MAXIMUM RADIATION EXPOSURES INDIVIDUALS MAY RECEIVE
35	ORDER PHOTODOSIMETRIC FILM
36	MAKE FORMAL REQUESTS FOR RADIATION SOURCE CHANGES
37	MAINTAIN RADIATION SURVEY FILES
38	MAINTAIN FILES OF RECEIPT/TRANSFER OF RADIOACTIVE MATERIAL
39	MAINTAIN SEALED SOURCE INVENTORY AND LOCATION
40	MAINTAIN RADIOACTIVE MATERIAL INVENTORY
41	MAINTAIN RECORDS OF RADIOACTIVE WASTE TRANSFERS
42	MAINTAIN INSTRUMENT CALIBRATION FILES
43	MAINTAIN FILES OF CALIBRATED RADIOACTIVE SOURCES
44	MAINTAIN AEC LICENSE FILES
45	MAINTAIN LOG OF QUALITY CONTROL PROCEDURES
46	RECOMMEND ARRANGEMENT OF EQUIPMENT FOR MAXIMUM RADIATION SAFETY
47	POST FILM BADGES TO SURVEY RADIATION IN X-RAY OR RADAR AREAS
48	PERFORM SWIPE SURVEYS FOR RADIOACTIVE CONTAMINATION
49	DISPOSE OF CONTAMINATED MATERIALS PER AEC REQUIREMENTS
50	CALCULATE RADIOACTIVE DECAY



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 19 OF RESPONSE BOOKLET
----------	---

- |    |   |
|----|---|
| 1  | CALCULATE RADIOACTIVE CONTAMINATION LEVELS FROM SWIPE SURVEYS                   |
| 2  | PERFORM LEAK TEST OF SEALED RADIOACTIVE SOURCES                                 |
| 3  | CALCULATE ACTIVITIES DETECTED FROM LEAKING SEALED SOURCES                       |
| 4  | CALCULATE ACTIVITIES OF RADIOACTIVE SOURCES                                     |
| 5  | CALCULATE DOSE RATE FROM RADIOACTIVE SOURCES                                    |
| 6  | CALCULATE STAY TIMES FOR RADIATION AREAS  |
| 7  | SPECIFY PERSONNEL RADIATION PROTECTION EQUIPMENT                                |
| 8  | CHECK SAFETY OF RADIATION PROTECTIVE CLOTHING                                   |
| 9  | CALCULATE SHIELDING REQUIREMENTS FOR RADIOACTIVE SOURCES                        |
| 10 | SUPERVISE DISPOSAL OF RADIOACTIVE WASTE   |
| 11 | DO SHIELDING OF RADIOACTIVE MATERIAL  |
| 12 | EVALUATE BETA, GAMMA FILMS  |
| 13 | EVALUATE NEUTRON FILMS  |
| 14 | COMPARE FILM BADGE AND POCKET DOSIMETER READINGS                                |
| 15 | INVESTIGATE CASES OF LOST AND DAMAGED PERSONNEL MONITORING DEVICES              |
| 16 | MONITOR ATMOSPHERE FOR CONTAMINATION WITH RADIOACTIVE GASES                     |
| 17 | MONITOR ATMOSPHERE FOR CONTAMINATION WITH RADIOACTIVE PARTICULATES              |
| 18 | INSTALL ENVIRONMENTAL RADIATION MONITORING DEVICES                              |
| 19 | ANALYZE RADIATION DATA TO MAKE PREDICTIONS OF PERSONNEL EXPOSURE                |
| 20 | MONITOR RADIATION LEVELS IN FOOD AND WATER                                      |
| 21 | INVESTIGATE FILM BADGE AND POCKET DOSIMETER READING DISCREPANCIES               |
| 22 | INVESTIGATE PHOTODOSIMETRIC CHECK FILM PROCESSING DISCREPANCIES                 |
| 23 | PERFORM SAFETY INSPECTIONS OF AREAS WHERE RADIOACTIVE MATERIALS ARE USED        |
| 24 | PERFORM SAFETY INSPECTIONS OF AREAS WHERE RADIATION PRODUCING EQUIPMENT IS USED |
| 25 | PREPARE FOR AEC INSPECTION  |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 19 OF RESPONSE BOOKLET
26	MAINTAIN DUTY/CALL/EMERGENCY RECALL ROSTER
27	PREPARE DAILY AND SPECIAL BULLETINS, E.G. PLAN OF THE DAY
28	ASSIST IN COMMAND MATERIAL INSPECTIONS
29	PREPARE DIRECTORIES
30	EDIT COMMAND DIRECTIVES
31	UP-DATE/REVISE COMMAND DIRECTIVES
32	PREPARE PAPERWORK FOR NOTIFICATION OF NEXT-OF-KIN WHEN REQUIRED
33	BRIEF THE COMMANDING OFFICER
34	CONDUCT BRIEFINGS
35	PREPARE MEDICAL INTELLIGENCE REPORT (MED-3820-1)
36	TYPE
37	PREPARE WORK ORDERS/WORK REQUESTS
38	PREPARE ADMINISTRATIVE FORMS, E.G. CHANGE NAME, CHANGE ADDRESS, TRAVEL CLAIMS
39	PREPARE NECESSARY PAPERWORK TO UPDATE ORGANIZATION CHARTS
40	COMPILE/UPDATE MAILING/ADDRESS LIST
41	MAINTAIN NAVY DIRECTIVES ISSUANCE SYSTEM (INSTRUCTIONS AND NOTICES)
42	MAINTAIN A SET OF REFERENCE BOOKS/MANUALS/PUBLICATIONS
43	DRAFT OFFICIAL CORRESPONDENCE
44	PREPARE OCCUPATIONAL HEALTH REPORT (MED-6260-1)
45	COORDINATE WITH OTHER SECTIONS FOR ASSISTANCE IN FABRICATING EQUIPMENT
46	DETERMINE THE PHYSICAL LAYOUT OF WORK AREA FURNITURE/EQUIPMENT
47	SCREEN INCOMING/OUTGOING MAIL
48	REVIEW REPORTS/REQUESTS FOR PROPER PREPARATION AND COMPLETION
49	PLAN RECORD KEEPING SYSTEM FOR THE SECTION/DEPARTMENT/ACTIVITY
50	PERFORM MATHEMATICAL CALCULATIONS



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 20 OF RESPONSE BOOKLET
1	CONDUCT TOURS OF FACILITY FOR VISITORS
2	ARRANGE FOR HOUSEKEEPING/CLEANLINESS OF AREA
3	COORDINATE WITH HOSPITAL/DEPARTMENT SUPPORT SERVICES, E.G. SOCIAL SERVICES, RED CROSS
4	COORDINATE WITH ADMIN STAFF OF BASE/UNIT REGARDING POLICIES AFFECTING STAFF
5	SUPERVISE THE MAINTENANCE OF OFFICE RECORDS
6	CONSULT WITH STAFF TO DESIGN/AMEND/UPDATE PROCEDURES /TECHNIQUES
7	PREPARE FOR INSPECTIONS
8	ASSIST IN COMMAND INSPECTIONS
9	EVALUATE READINESS CAPABILITY OF UNIT
10	CONDUCT SHIPBOARD INSPECTIONS WITH FORCE DENTAL OFFICER
11	PREPARE MEDICAL DEPARTMENT PATROL REPORT
12	REVIEW BOOKS/PUBLICATIONS/RECORDS FOR DISPOSAL
13	WRITE/ENTER INTO LOG MINUTES/NOTES OF MEETINGS
14	REFER ONWARD TO THE PROPER PERSONNEL QUERIES FROM CIVILIAN ASSOCIATIONS/INDIVIDUALS
15	PREPARE PAPERWORK FOR DISCIPLINARY ACTION FOR PERSONNEL AS REQUIRED
16	PREPARE RELIABILITY BILLET REPORTS ON PERSONNEL
17	DETERMINE DUTIES FOR PERSONNEL
18	ASSIGN PERSONNEL TO DUTIES/WORK ACCORDING TO SCHEDULE
19	ORGANIZE AND MAINTAIN WATCH, QUARTER AND STATION BILL
20	EVALUATE THE PERFORMANCE OF PERSONNEL
21	ASSIST IN COMMAND PERSONNEL INSPECTIONS
22	KEEP PERSONNEL INFORMED OF ADMINISTRATIVE COMMUNICATION CHANGES
23	ENSURE THAT PERSONNEL ARE AWARE OF HEALTH SERVICES AVAILABLE
24	PREPARE STANDING OPERATING PROCEDURES, GUIDES AND INSTRUCTIONS FOR USE BY PERSONNEL
25	REVIEW/COMMENT ON/FORWARD PERSONNEL REQUESTS/MEMOS/LETTERS



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 20 OF RESPONSE BOOKLET
26	REQUEST/RECOMMEND ADDITIONAL PERSONNEL WHEN REQUIRED
27	REVIEW SUGGESTIONS AND COMPLAINTS FROM PERSONNEL
28	EVALUATE PERSONNEL WITH RESPECT TO RELIABILITY BILLET STANDARDS
29	RECOMMEND PERSONNEL FOR PROMOTION/DEMOTION
30	RECOMMEND DISCIPLINARY ACTION FOR PERSONNEL AS REQUIRED
31	RECOMMEND LEAVE/TIME OFF FOR PERSONNEL
32	COUNSEL PERSONNEL/TRAINEEES ON CAREER PLANS, E.G. AVAILABILITY OF EDUCATIONAL PROGRAMS
33	MAINTAIN RECORD OF TRAINEE'S EXPERIENCE IN OJT PROGRAM, E.G. COURSES , PRACTICAL EXPERIENCE
34	CHECK INDIVIDUAL'S PROGRESS DURING OJT
35	PLAN CONTENT FOR OJT PROGRAM
36	SELECT WORK EXPERIENCES FOR STUDENT/TRAINEE
37	COORDINATE ON EQUIPMENT LOANS, BORROWING OF MEDICAL/DENTAL SUPPLIES/TRAINING AIDS
38	MAKE RECOMMENDATIONS ON PURCHASE/REPLACEMENT OF EQUIPMENT/ SUPPLIES
39	APPROVE/DISAPPROVE NEW EQUIPMENT REQUESTS
40	GIVE DIRECT SUPERVISION FOR THE PREPARATION OF REQUISITIONS/ PURCHASE ORDERS/WORK REQUESTS
41	REVIEW REQUISITIONS
42	COORDINATE LOADING AND UNLOADING OF EQUIPMENT
43	OPERATE VEHICLE TO TRANSPORT MEDICAL MATERIAL
44	LOAD AND UNLOAD EQUIPMENT
45	ASSIGN SPACE FOR EQUIPMENT AND SUPPLIES
46	VERIFY/SIGN OFF ON REQUISITIONS/RECEIPTS FOR SUPPLIES/EQUIPMENT/ MATERIAL
47	CHECK/LOCATE/IDENTIFY PART NUMBERS FROM CATALOGUES/MANUALS
48	ATTACH IDENTIFYING TAG TO COMPONENTS/EQUIPMENT
49	LOG PLANT PROPERTY IDENTIFICATION NUMBER AND CONDITION
50	MAINTAIN PROPERTY CUSTODY CARDS FOR EQUIPMENT



TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 21  
OF RESPONSE BOOKLET

- 1 MAINTAIN A SUPPLY (EQUIPMENT, MATERIALS) INVENTORY SYSTEM
- 2 ISSUE SUPPLIES/INSTRUMENTS/EQUIPMENT/MATERIALS
- 3 DO SUPPLY/EQUIPMENT INVENTORY
- 4 LOG LOSS OF SUPPLIES AND NOTIFY INVENTORY CONTROL OF LOSS
- 5 PREPARE INVENTORY REPORTS
- 6 VERIFY AND CO-SIGN INVENTORY
- 7 INSPECT THAT SUPPLIES/MATERIALS/EQUIPMENT ARE STORED PROPERLY
- 8 INSPECT SUPPLIES/EQUIPMENT FOR ACCEPTABILITY/DAMAGE/LOSS/  
PILFERAGE
- 9 PREPARE PAPERWORK FOR RETURN OF DAMAGED MATERIALS/SUPPLIES/  
EQUIPMENT
- 10 DISPOSE OF SUPPLIES/INSTRUMENTS/EQUIPMENT AFTER TIME LIMIT/  
EXPIRATION DATE
- 11 DETERMINE SUPPLIES AND EQUIPMENT BUDGET
- 12 MAKE RECOMMENDATIONS ON BUDGET PROPOSALS
- 13 MONITOR THE EXPENDITURES AND UTILIZATION OF FUNDS
- 14 PREPARE ANNUAL FINANCIAL PLANS FOR MAINTENANCE AND OPERATION
- 15 PERFORM DAILY MAINTENANCE INSPECTION OF WORKSPACES
- 16 SUPERVISE ROUTINE EQUIPMENT MAINTENANCE FOR SECTION/UNIT
- 17 PREPARE PAPERWORK FOR EQUIPMENT REPAIR/MAINTENANCE
- 18 DETERMINE IF REPAIR IS WITHIN UNIT CAPABILITIES
- 19 ARRANGE FOR REPLACEMENT/REPAIR OF EQUIPMENT AS REQUIRED
- 20 DETERMINE IF EQUIPMENT NEEDS REPAIR/SERVICE
- 21 WRITE USER INSTRUCTIONS FOR NEW EQUIPMENT OR NEW PROCEDURES
- 22 DO MINOR REPAIR ON EQUIPMENT
- 23 PERFORM PREVENTIVE MAINTENANCE
- 24 CHECK EQUIPMENT FOR ELECTRICAL HAZARDS AND GROUNDS
- 25 READ EQUIPMENT MANUALS FOR OPERATION AND MAINTENANCE OF  
EQUIPMENT



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 21 OF RESPONSE BOOKLET
----------	--

- |    |  |
|----|--|
| 26 | MODIFY EQUIPMENT FOR NON-STANDARD USAGE                                  |
| 27 | PAINT WALLS, CEILINGS, FURNITURE OR EQUIPMENT                            |
| 28 | MAINTAIN STOCK OF STERILE SUPPLIES                                       |
| 29 | PREPARE RUBBER GOODS FOR STERILIZATION                                   |
| 30 | PREPARE GLOVES, E.G. WASH/TEST/POWDER/PACK/SCRT/SIZE                     |
| 31 | PACKAGE (WRAP/DATE/LABEL) STERILE SUPPLIES                               |
| 32 | SELECT/SET UP INSTRUMENTS FOR SMALL PACKS                                |
| 33 | MAKE UP STERILE TRAYS  |
| 34 | CHECK INSTRUMENTS AND SUPPLIES FOR STERILIZATION INDICATORS              |
| 35 | REVIEW AND EVALUATE ASEPTIC TECHNIQUES                                   |
| 36 | CHECK PRESSURIZED TANKS FOR QUANTITY OF GAS, E.G. OXYGEN, HELIUM         |
| 37 | SET UP O.R. ROOM FOR SEPTIC CASE   |
| 38 | CLEAN/DISINFECT O.P. FLOORS/FURNITURE AFTER EACH CASE                    |
| 39 | DISINFECT INSTRUMENTS/MATERIALS/EQUIPMENT                                |
| 40 | DETERMINE/SELECT AGENTS/PROCESSES FOR EQUIPMENT/INSTRUMENT STERILIZATION |
| 41 | DETERMINE METHOD OF STERILIZATION FOR INSTRUMENTS/EQUIPMENT              |
| 42 | DETERMINE ADEQUACY OF STERILIZATION PROCEDURES                           |
| 43 | REPORT PATIENT CENSUS INFORMATION E.G. MORNING REPORT                    |
| 44 | APPROVE WEEKLY MENU  |
| 45 | MAINTAIN AND UPDATE SHIP'S MEDICAL DEPARTMENT MANUAL                     |
| 46 | COMPLETE REPORT FORMS ON DRUG ABUSE                                      |
| 47 | PREPARE DRUG INVESTIGATION FORMS FOR FDA AND AEC                         |
| 48 | COMPLETE REPORT FORMS ON ADVERSE DRUG REACTION                           |
| 49 | NOTIFY HEALTH AUTHORITIES OF PATIENT WITH COMMUNICABLE DISEASE           |
| 50 | COMPLETE REPORT FORMS ON VD CONTACTS                                     |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 22 OF RESPONSE BOOKLET
1	KEEP AND UPDATE FILES OF PERSONNEL WITH HISTORY OF COMMUNICABLE DISEASE
2	COORDINATE WITH THE APPROPRIATE AUTHORITIES WHEN DEATH OCCURS, E.G. CORONER
3	PREPARE CERTIFICATE OF DEATH REPORT (NAVMEC-N)
4	PREPARE DISPOSITION AND EXPENDITURE OF REMAINS REPORT FOR DECEASED (NAVMEC 609)
5	PREPARE PERSONAL EFFECTS REPORT/REQUIRED DOCUMENT/PAPERWORK WHEN DEATH OCCURS
6	CONTACT OTHER DEPARTMENTS TO OBTAIN/COORDINATE PATIENT/PERSONNEL APPOINTMENTS
7	COORDINATE WITH OTHER HEALTH AGENCIES REGARDING HEALTH MATTERS, E.G. QUARANTINE
8	COORDINATE WITH HOSPITAL ON ADMISSION OF PATIENTS
9	ESTABLISH LIAISON WITH CIVILIAN SPECIALISTS/CONSULTANTS
10	OBTAIN CONSENTS FOR PROCEDURES/AUTOPSY
11	DETERMINE ELIGIBILITY OF INDIVIDUALS TO RECEIVE HEALTH CARE IN ACCORDANCE WITH REGULATIONS
12	PROVIDE INFORMATION ON QUESTIONS ABOUT CHAMPUS PROGRAM, E.G. ELIGIBILITY, PROCEDURES
13	ORIENT PATIENT/FAMILY TO FACILITY, E.G. ROUTINES, REGULATIONS, PHYSICAL LAYOUT, PERSONNEL
14	REFER PATIENT TO LEGAL RESOURCES
15	INFORM PATIENT ON AVAILABILITY OF SERVICES IN THE COMMUNITY, E.G. LEGAL AID, EMPLOYMENT
16	INFORM HOSPITAL AUTHORITIES OF PATIENTS CONDITION
17	DETERMINE NEED AND INITIATE TRANSFER OF PATIENT TO A MEDICAL CARE FACILITY
18	GIVE TRANSFER REPORT TO WARD OR RECEIVING UNIT ON PATIENT'S CONDITION, TREATMENT AND CARE PLAN
19	INFORM DOCTOR/NURSE OF PATIENT'S CONDITION, E.G. DESCRIPTION OF INJURY, SYMPTOMS, RESPONSE
20	PREPARE REPORT/FEEDER REPORT ON NUMBERS OF INPATIENT/OUTPATIENT SERVICES PERFORMED
21	SCHEDULE APPOINTMENTS FOR CLINIC/DEPARTMENT, E.G., MAINTAIN APPOINTMENT BOOK
22	MAINTAIN CALL LIST TO FILL BROKEN/CANCELLED APPOINTMENTS
23	LOG IN PATIENTS TO CLINIC/DEPARTMENT/SICK CALL
24	PROCESS PATIENT ADMISSIONS/DISCHARGES/TRANSFERS
25	MAINTAIN DAILY RECORDS ON PATIENT PROCEDURES/EXAMINATIONS PERFORMED



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 22 OF RESPONSE BOOKLET
26	RECORD PHYSICIAN EXAMINATION FINDINGS
27	PREPARE REPORT OF MEDICAL EXAMINATION
28	MAINTAIN MEDICAL/DENTAL RECORDS
29	VERIFY/UPDATE PATIENT'S DIAGNOSIS IN RECORD/CARDEX
30	SUPERVISE THE HANDLING OF HEALTH RECORDS
31	VERIFY ENLISTED NAVY HEALTH RECORDS
32	MAINTAIN PERSONNEL DENTAL RECORDS
33	MAKE ENTRIES ON NAVMED 6150/3 (SICK CALL TREATMENT RECORD)
34	MAKE ENTRIES ON STD FORM 600 (CHRONOLOGICAL RECORD OF MEDICAL CARE)
35	MAKE ENTRIES OF PRELIMINARY PHYSICAL EXAMINATION FINDINGS ON STD 88
36	COMPILE NOMINAL LISTS FOR PERSONNEL IMMUNIZATION
37	CHECK RECORDS FOR UP-TO-DATE IMMUNIZATIONS/X-RAYS/PHYSICALS
38	PREPARE X-RAY REPORTS FOR PHYSICIAN TO COMPLETE
39	LOG SPECIMENS RECEIVED
40	RECORD ADMINISTRATION OF MEDICATION ON PATIENT HEALTH RECORD
41	FILE COMPLETED/RETURNED CHITS/REPORTS IN PATIENT RECORD
42	DRAFT WARD/CLINIC ACCIDENT/INCIDENT REPORTS, I.E. WORK INJURY REPORTS FOR PATIENTS OR STAFF
43	MAINTAIN DONOR FILES
44	MAINTAIN PERSONNEL RECORDS
45	MAKE ENTRIES INTO NAVY PERSONNEL DIARY
46	MAINTAIN ENLISTED NAVY SERVICE RECORDS
47	MAINTAIN NAVY OFFICER SERVICE RECORDS
48	USE NAVY PERSONNEL DIARY
49	PREPARE PAPERWORK FOR THE SEPARATION OF PERSONNEL
50	PREPARE PAPERWORK FOR DISCHARGE OF PERSONNEL



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 23 OF RESPONSE BOOKLET
1	PREPARE PAPERWORK FOR REENLISTMENT OF PERSONNEL
2	PREPARE PAPERWORK FOR RETIREMENT OF PERSONNEL
3	PREPARE PAPERWORK FOR THE PROMOTION OF OFFICER PERSONNEL
4	MAINTAIN LIBRARY/LITERATURE ON EDUCATION/TRAINING OPPORTUNITIES
5	POST/ENTER TRAINING INFORMATION INTO INDIVIDUAL RECORDS
6	PREPARE IDENTIFICATION CARDS
7	INVENTORY PATIENTS VALUABLES AND PLACE IN SAFEKEEPING
8	ADMINISTER/MAINTAIN UNIT LIBRARY
9	PERFORM SPECIAL SERVICES FUNCTIONS FOR THE COMPANY
10	SERVE AS NAVIGATORS YEOMAN
11	SERVE AS MEMBER OF UNIT FIRE PREVENTION COMMITTEE
12	SERVE AS MESS/CLUB/INSTITUTE COMMITTEE MEMBER
13	PLAN RECREATION PROGRAMS
14	COORDINATE RECREATION PROGRAMS/ARRANGEMENTS
15	PARTICIPATE IN DIVING OPERATION
16	PARTICIPATE IN EMERGENCY EVACUATION DRILLS
17	PARTICIPATE IN FIRE FIGHTING DRILLS
18	SERVE AS SPOTTER ON AIR SEARCH AND RESCUE
19	SERVE ON DAMAGE CONTROL TEAM
20	PARTICIPATE IN MEDICAL FIELD EXERCISES/DRILLS
21	PARTICIPATE IN AMPHIBIOUS OPERATIONS
22	PARTICIPATE IN JOINT DISASTER EXERCISES OR MANEUVERS
23	PARTICIPATE IN NIGHT COMBAT EXERCISES
24	PARTICIPATE IN FIELD COMBAT TRAINING
25	PARTICIPATE IN HELO EXERCISES



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 23 OF RESPONSE BOOKLET
----------	--

- |    |   |
|----|---|
| 26 | STAND RADAR WATCH UNDERWAY                              |
| 27 | STAND SMAR WATCH UNDERWAY                               |
| 28 | STAND SURMARINE DIVING OFFICER WATCH UNDERWAY           |
| 29 | PERFORM SALVAGE AND RESCUE DUTIES OF DEEP SEA DIVER     |
| 30 | PERFORM DUTIES OF SHIP'S SCUBA DIVER                    |
| 31 | STAND WATCH AS BEACH GUARD                              |
| 32 | STAND WATCH IN SICK BAY                                 |
| 33 | STAND MEDICAL WATCH ON FLIGHT DECK                      |
| 34 | SERVE AS MEMBER OF ALCOHOL AND NARCOTIC INVENTORY BOARD |



Part II B

LIST OF INSTRUMENTS AND EQUIPMENT



TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 24  
OF RESPONSE BOOKLET

- 1 | SPHYGMOMANOMETER (BLOOD PRESSURE APPARATUS)
- 2 | OPHTHALMOSCOPE
- 3 | OTOSCOPE
- 4 | SPECULUM, NASAL
- 5 | SPECULUM, EAR
- 6 | STETHOSCOPE
- 7 | THERMOMETER, CLINICAL
- 8 | PERCUSSION HAMMER
- 9 | CLINICAL WEIGHT AND HEIGHT SCALES
- 10 | EYE CHART, DISTANCE AND NEAR
- 11 | COLOR VISION PLATES, E.G. PIP
- 12 | INFRA RED LAMP
- 13 | SYRINGE/NEEDLES
- 14 | SYRETTES
- 15 | MULTIPLE INJECTION JET IMMUNIZATION GUN
- 16 | VACUTAINER BLOOD COLLECTING SYSTEM
- 17 | GLOVES, RUBBER
- 18 | SITZ BATH
- 19 | ATOMIZER
- 20 | CUSHION RING, INFLATABLE
- 21 | HOT WATER BOTTLE
- 22 | HEAT LAMP
- 23 | ICE COLLARS/PACKS
- 24 | I.V. POLE
- 25 | RESTRAINING STRAPS

GO TO RIGHT HAND PAGE



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 24 OF RESPONSE BOOKLET
----------	--

- |    |                                    |
|----|------------------------------------|
| 26 | CERVICAL COLLARS                   |
| 27 | EXAMINATION TABLE (PLINTH)         |
| 28 | COLLAPSIBLE LITTER                 |
| 29 | STRETCHER BASKETS                  |
| 30 | AIRWAYS                            |
| 31 | OXYGEN MASK                        |
| 32 | OXYGEN CYLINDER/TANK, PORTABLE     |
| 33 | OXYGEN CATHETERS                   |
| 34 | COMPRESSED AIR CYCLINDER/TANK      |
| 35 | AMBU BAG (HOPE BAG)                |
| 36 | INHALATOR-ASPIRATOR (RESUSCITATOR) |
| 37 | ASPIRATOR, PORTABLE                |
| 38 | CRUTCHES                           |
| 39 | CAST CUTTERS                       |
| 40 | THOMAS SPLINT AND ATTACHMENTS      |
| 41 | SHEARS, PLASTER CAST               |
| 42 | PLASTER CAST SPREADERS             |
| 43 | SAWS, AMPUTATING                   |
| 44 | BONE CUTTERS                       |
| 45 | FRACTURE SPLINTS                   |
| 46 | BURN PACK                          |
| 47 | CATHETERIZATION SET, URINARY       |
| 48 | TRAY, ANAESTHETIC REGIONAL         |
| 49 | SUTURE (S & D) TRAY                |
| 50 | HEMOSTATS                          |



TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 25  
OF RESPONSE BOOKLET

- |    |                                      |
|----|--------------------------------------|
| 1  | SUTURE REMOVAL SET                   |
| 2  | DRESSINGS (TRAY, CART, DRAWER)       |
| 3  | INSTRUMENT TRAY, EMERGENCY TRACH SET |
| 4  | TRAY, INCISION DRAINAGE              |
| 5  | EYE DRESSING TRAY                    |
| 6  | IRRIGATING SYRINGE                   |
| 7  | IRRIGATION KIT                       |
| 8  | TRAY, EYE IRRIGATION                 |
| 9  | INSTRUMENT TRAY, MINOR SURGERY       |
| 10 | IRIS FORCEPS                         |
| 11 | TRACHEOTOMY DILATOR                  |
| 12 | TRACHEOTOMY TUBES, METAL             |
| 13 | SUCTION/VACUUM PUMP                  |
| 14 | CLAMP SURGICAL                       |
| 15 | HAIR CLIPPERS                        |
| 16 | LIFTING FORCEPS (TRANSFER FORCEPS)   |
| 17 | RING CUTTERS                         |
| 18 | SNARE WIRES                          |
| 19 | STONE, SHARPENING                    |
| 20 | SPATULA, CEMENT                      |
| 21 | MIRROR LARYNGEAL                     |
| 22 | EXTRACTORS                           |
| 23 | EXPLORER, DENTAL                     |
| 24 | DENTAL LINEN, E.G. TOWELS AND BIBS   |
| 25 | CEMENT AND SILICATE INSTRUMENTS      |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 25 OF RESPONSE BOOKLET
----------	--

- |    |   |
|----|---|
| 26 | ELEVATOR, ROOT                                      |
| 27 | ELEVATOR, PERIOSTEAL                                |
| 28 | FILE, PERIODONTAL                                   |
| 29 | FORCEPS, TOOTH EXTRACTING                           |
| 30 | MIRROR, MOUTH, EXAMINING                            |
| 31 | CEMENT, ZINC PHOSPHATE                              |
| 32 | CEMENT, SILICATE                                    |
| 33 | PROBE, ABSCESS                                      |
| 34 | URINOMETER  |
| 35 | THERMOMETER LABORATORY                              |
| 36 | PIPET   |
| 37 | LAMP ALCOHOL  |
| 38 | HEMOCYTOMETER                                       |
| 39 | GLASS SLIDES/COVERS/COUNTING CHAMBERS               |
| 40 | COLOR COMPARATOR                                    |
| 41 | GAS BURNERS, E.G. BUNSEN                            |
| 42 | AUTOCLAVE, STEAM                                    |
| 43 | TIMER, LABORATORY                                   |
| 44 | BLOOD TESTING KITS                                  |
| 45 | PHARMACEUTICAL BALANCE CLASS B                      |
| 46 | VOLUMETRIC GLASSWARE (OTHER THAN BURETS AND PIPETS) |
| 47 | MORTAR AND PESTLE                                   |
| 48 | TRAY, COUNTING                                      |
| 49 | MASS CASUALTY AID KIT                               |
| 50 | MOULAGE SET   |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 26 OF RESPONSE BOOKLET
----------	--

- |    |  |
|----|--|
| 1  | IMMUNIZATION KITS                      |
| 2  | FIRST AID KIT                          |
| 3  | MOVIE PROJECTOR/ACCESSORIES            |
| 4  | TYPEWRITER                             |
| 5  | FREEZER                                |
| 6  | FIELD STERILIZER                       |
| 7  | RADIAC METERS                          |
| 8  | POCKET DOSIMETER                       |
| 9  | POCKET DOSIMETER CHARGER               |
| 10 | DT-60                                  |
| 11 | DT 60 READER, E.G. CP-95               |
| 12 | FILM BADGE                             |
| 13 | DENSITOMETER, E.G. MCBETH GN-304       |
| 14 | THERMOLUMINESCENT DOSIMETER            |
| 15 | THERMOLUMINESCENT DOSIMETER READER     |
| 16 | ANTI-C COVERALLS                       |
| 17 | ANTI-C HOOD                            |
| 18 | FACE SHIELD, RADIATION                 |
| 19 | AIR FILTER RESPIRATOR                  |
| 20 | GLOVES, COTTON                         |
| 21 | SHOE COVERS                            |
| 22 | WATERPROOF ANTI-C CLOTHING             |
| 23 | DOSE CALIBRATOR                        |
| 24 | LIQUID SCINTILLATION COUNTER           |
| 25 | MERCURY VAPOUR DETECTOR MONITOR TYPE B |



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 26 OF RESPONSE BOOKLET
26	CRYSTAL SCINTILLATION COUNTER, SINGLE CHANNEL ANALYZER
27	ALPHA SURVEY INSTRUMENTS, PORTABLE
28	FAST NEUTRON SURVEY INSTRUMENTS, PORTABLE
29	THERMAL NEUTRON SURVEY INSTRUMENTS, PORTABLE
30	PORTABLE BETA, GAMMA SURVEY INSTRUMENTS, RADIATION LEVELS UNDER 500 MR PER HOUR
31	PORTABLE BETA, GAMMA SURVEY INSTRUMENTS, RADIATION LEVELS UNDER 5000 MR PER HOUR
32	PORTABLE BETA, GAMMA SURVEY INSTRUMENTS, RADIATION LEVELS OVER 5000 MR PER HOUR
33	PORTABLE NON-INDICATING ION CHAMBER, E.G. R CHAMBER
34	NON INDICATING ION CHAMBER READER, E.G. CONDENSER, R-METER
35	HD-251/UD AIR SAMPLER, E.G. CADILLAC
36	PORTAVAC AIR SAMPLER
37	IC/T2-FD AIR SAMPLER
38	T-289 AIR SAMPLER
39	CONSTANT AIR MONITOR (CAM)
40	AIR PARTICLE DETECTOR (APD)
41	IC-T2-PA AIR SAMPLER
42	G-M COUNTER AND SCALER
43	WAR GASES DETECTION KIT
44	WATER TESTING KIT
45	UNIT ONE KIT
46	KIT, GAS CASUALTY TREATMENT
47	PHOTODOSIMETER FILM DEVELOPING UNIT
48	DIVING DEPTH INDICATOR
49	DIVING RECORDER
50	MIXING VALVE (SCUBA)



TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 27 OF RESPONSE BOOKLET
----------	--

- |    |   |
|----|---|
| 1  | DIVING TABLE                                      |
| 2  | WET SUIT  |
| 3  | MAE WEST/WAISTCOAT LIFE SAVING                    |
| 4  | DIVING RECORDING EQUIPMENT                        |
| 5  | GAS CYCLINDER TEST REGISTER                       |
| 6  | OXYGEN ANALYZER                                   |
| 7  | FLOW METER  |
| 8  | OXYGEN REGULATOR/FLOWMETER                        |
| 9  | OXYGEN TEST PANEL                                 |
| 10 | GAS FLOW COUNTING SYSTEM                          |
| 11 | O2 PERCENT ANALYZER                               |
| 12 | PRESSURE/RECOMPRESSION CHAMBER/HYPERBARIC CHAMBER |
| 13 | HYPO/HYPERBARIC AIR CONDITIONING SYSTEM           |
| 14 | HYPO/HYPERBARIC CHAMBER INTERCOM SYSTEM           |
| 15 | SUCTION/VACUUM PUMP FOR LOW PRESSURE CHAMBER      |
| 16 | CHAMBER PRESSURE INDICATORS/GAUGES                |
| 17 | SCUBA EQUIPMENT (MARK 10, 11)                     |
| 18 | SUBMARINE ESCAPE EQUIPMENT                        |
| 19 | UNDERWATER DEVICES COMMUNICATION EQUIPMENT        |